

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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MELISSA KAYE, M.D.,

Plaintiff,

INDEX NO.: 18-CV-12137

-against-

HEALTH AND HOSPITALS CORPORATION; ELIZABETH FORD;
ABHISHEK JAIN; PATRICIA YANG; and JONATHAN WANGEL,
et al.,

Defendants.

-----X

Remote Deposition
New York, New York 11716

September 27, 2021
10:08 a.m.

DEPOSITION of ELIZABETH FORD, M.D., a Defendant
herein, taken by the Plaintiff, held at the
above-mentioned time and place, before KIARA
MILLER, a Notary Public of the State of New
York.

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2 A P P E A R A N C E S:

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THE LAW OFFICES OF SPECIAL HAGAN

Attorney for Plaintiff

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196-04 Hollis Avenue

Saint Albans, New York 11412

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EMAIL: SPECIAL@HAGANLAWOFFICES.NET

BY: SPECIAL HAGAN, ESQ.

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8

NEW YORK CITY LAW DEPARTMENT

Attorney for Defendants

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100 Church Street

New York, New York 10007

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EMAIL: DCANFIELD@LAW.NYC.GOV

BY: DONNA CANFIELD, ESQ.

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14 ALSO PRESENT:

15 MELISSA KAYE, Plaintiff

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F E D E R A L S T I P U L A T I O N

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IT IS HEREBY STIPULATED AND AGREED by
and between the counsel for the respective
parties hereto, that the filing, sealing, and
certification of the within deposition shall be
and the same are hereby waived;

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IT IS FURTHER STIPULATED AND AGREED
that all objections, except as to the form of
the question shall be reserved to the time of
trial.

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IT IS FURTHER STIPULATED AND AGREED
that the within deposition may be signed before
any notary public with the same force and
effect as if signed and sworn to before this
court.

1 E. FORD, M.D.

2 E L I Z A B E T H F O R D, M.D., after having first
3 been duly sworn by a Notary Public of the State of
4 New York, was examined and testified as follows:

5 COURT REPORTER: Please state
6 your name for the record.

7 THE WITNESS: Elizabeth Ford,
8 M.D.

9 COURT REPORTER: Please state
10 your address for the record.

11 THE WITNESS: 145 Palacade
12 Avenue, Dobbs Ferry, New York 10522.

13 EXAMINATION BY

14 MS. HAGAN:

15 Q Good morning, Dr. Ford.

16 How are you?

17 A I'm fine. Thank you.

18 Q I know this is not the first time
19 you've been deposed; is that right?

20 A That's correct.

21 Q So it's not the first time?

22 A It is not.

23 MS. CANFIELD: Objection. Can
24 you repeat the question. I thought
25 you said it is not.

1 E. FORD, M.D.

2 Q Is this the first time you've been
3 deposed, Dr. Ford?

4 A No.

5 Q So I'm going to give you some
6 sample, you know, not sample, but just
7 standard admonitions not to go too far off.

8 Just as a reminder, only one of us
9 can speak at a time. So please let me
10 finish my question and then answer. Second
11 thing is that if you need to take a break,
12 just let me know. I would just ask that you
13 let me finish the question and answer the
14 question and then we can take a break.

15 If you have any, like if need to
16 take lunch or whatever at a certain time,
17 just let me know. This is usually -- I
18 don't know, it's not always a seven-hour
19 process, but sometimes people like to have
20 lunch. So if you would like to, you can let
21 me know, probably maybe midway into the
22 deposition, whether or not you'd like to
23 step out for lunch for an hour. I'm fine
24 with that.

25 As far as objections are

1 E. FORD, M.D.

2 concerned, if your counsel has objected to a
3 question, I just ask that unless she
4 instructs you not to answer the question,
5 that you answer the question to the best of
6 your ability.

7 Is that okay?

8 A Yes.

9 Q As far as your ability to remember
10 things, I know that some time has passed.
11 So I do have a right to ask you estimates,
12 but I don't expect you to guess. So if you
13 don't remember, it's fine. And also, you're
14 nodding your head. So, for the record, when
15 you answer, please make sure you say yes or
16 no, or I don't know. The reporter can't
17 take down facial or head gestures.

18 Is that okay?

19 A Yes.

20 Q And then, you happen to take
21 anything that will impair your ability to
22 testify truthfully today, would you?

23 A No. I have not.

24 Q Have you taken any medications
25 within the last 24 hours?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection.

3 A No.

4 MS. CANFIELD: You can answer.

5 A No.

6 Q Are you on any psychotropic
7 medications, Dr. Ford?

8 MS. CANFIELD: Objection. You
9 can answer.

10 A No.

11 Q Have you been prescribed any
12 medications at all?

13 MS. CANFIELD: Objection.
14 When?

15 MS. HAGAN: Her entire life.

16 Q **MARK Dr. Ford, have you been
17 prescribed any medications within the last
18 year?

19 MS. CANFIELD: Objection.

20 I'm going to direct you not to
21 respond to that question. It's not
22 relevant, it's personal and violates
23 HIPPA. So, no, she's not going
24 to --

25 MS. HAGAN: That's not a valid

1 E. FORD, M.D.

2 objection.

3 MS. CANFIELD: It is. And
4 she's not going to answer it. It's
5 a HIPPA violation. She's not going
6 to waive it. You have no right to
7 --

8 MS. HAGAN: I have a right to
9 know if she's taken anything in the
10 last year that would impair her
11 ability to testify truthfully today.

12 MS. CANFIELD: You already
13 asked her if she has taken anything
14 that would impair her ability to
15 testify truthfully today. She
16 responded no. So let's move on.

17 What she took six months ago
18 has no bearing on today. So I'm
19 going to direct her not to answer.
20 I suggest you move on, unless you
21 want to call the Court, or we can
22 mark it, we can call the Court
23 later.

24 MS. HAGAN: We can call the
25 Court now.

1 E. FORD, M.D.

2 MS. CANFIELD: Let's just mark
3 it. I'm sure --

4 MS. HAGAN: We can call the
5 Court now because you're being
6 disruptive. I'm going to ask the
7 question just for the record so that
8 it's clear.

9 Q Dr. Ford, have you been prescribed
10 any medication that would impair your
11 ability to testify truthfully today?

12 MS. CANFIELD: You can answer
13 that.

14 A No.

15 Q Have you been given any
16 psychological diagnosis within the last
17 year?

18 MS. CANFIELD: Objection.
19 It's relevance again.

20 MS. HAGAN: That is not a
21 valid objection. You can answer.

22 MS. CANFIELD: Objection.
23 Don't answer that. Your
24 psychological condition is not at
25 issue here. She asked you if you --

1 E. FORD, M.D.

2 Counsel, you asked her if she was
3 able to testify truthfully. That's
4 sufficient. In terms of laying of
5 foundation.

6 Q **MARK Dr. Ford, have you ever
7 been diagnosed with any psychological
8 condition, yes or no?

9 MS. CANFIELD: Objection. Do
10 not answer that. Move on. You can
11 mark that one, too.

12 MS. HAGAN: We're going to
13 call the Court.

14 (Calls Court.)

15 MS. CANFIELD: If we're moving
16 on, can we have the court reporter
17 mark those two questions so she can
18 easily go back for when the Court
19 calls us.

20 MS. HAGAN: It's several
21 questions that were asked. So it
22 may be more. We can go back at some
23 point, but we're not going to do
24 that now.

25 Q So, Dr. Ford, where are you

1 E. FORD, M.D.

2 working currently?

3 A I am currently awaiting starting
4 two new positions. So I'm currently
5 unemployed, other than a small consulting
6 contract with my prior employer.

7 Q What are the two positions you're
8 waiting to start?

9 A An associate professor of
10 psychiatry at Columbia University. And
11 working title at Health and Hospitals
12 Central Office as the medical director for
13 justice involved behavioral health.

14 Q Is this a part-time or full-time?

15 A Both positions are part-time. So
16 three days at one and two days at another.

17 Q Who would be your supervisor at
18 H&H?

19 A Charles Barron

20 Q Is this the former politician or
21 someone else?

22 A I don't know if he's the
23 politician. He's the current medical
24 director of behavioral health, I believe, at
25 Health and Hospitals. He's a psychiatrist.

1 E. FORD, M.D.

2 Q So it's a different person.

3 The associate professor position
4 of psychiatry, that's part-time, too, right?

5 A Three days a week.

6 Q Where were you working prior to
7 these two job offers?

8 A I was working at a nonprofit
9 organization called CASES. The Center for
10 Alternative Sentencing and Employment
11 Services, in Harlem. They have offices in
12 Brooklyn. And I was the chief medical
13 officer there.

14 Q Why did you leave CASES?

15 A I had -- I was missing working
16 with physicians, and I was missing working
17 on a larger systems level for the patients
18 that I want to take care of.

19 Q How long were you at CASES?

20 A Sixteen months, I believe.

21 Q And how much were you making at
22 CASES?

23 A I worked there .9 -- so it was
24 90 percent time, and my salary was 270,000 a
25 year, I believe.

1 E. FORD, M.D.

2 Q Now, were you asked to resign,
3 Dr. Ford?

4 A No.

5 Q So you voluntarily resigned?

6 A Yes.

7 Q And you said you missed working
8 with patients?

9 A Physicians.

10 Q Physicians.

11 A Yes.

12 Q And who were you working with?

13 A I was primarily working with
14 social workers and lawyers, and there were
15 two or three psychologists.

16 Q And how big was your staff?

17 A I did not have any staff there.
18 Sorry. That's until -- I did hire a
19 psychologist towards the end of my time
20 there, but I didn't have any direct reports
21 until she arrived.

22 Q Who is she?

23 A Her name is Erin Weinstein.

24 Q Now, when did you start at CASES
25 exactly?

1 E. FORD, M.D.

2 A March 23, 2020.

3 Q Now, while you were at CASES, did
4 you take any leave of absences?

5 A No.

6 Q So you just worked full-time for
7 the 16 months, you know, outside of regular
8 vacation; is that correct?

9 A That's correct.

10 Q And prior to CASES, you were at
11 CHS; is that right?

12 A Yes.

13 Q And was your whole salary paid by
14 H&H?

15 A Yes. I believe so.

16 Q What was your salary at H&H?

17 A Do you mean when I ended?

18 Q Yes.

19 A 250,000 a year.

20 Q And PAGNY didn't pay any of your
21 salary; is that right?

22 A Not to my knowledge, no.

23 Q So it was all paid by H&H and the
24 City of New York; is that right?

25 MS. CANFIELD: Objection. You

1 E. FORD, M.D.

2 can answer if you understand.

3 A Again, to the best of my
4 knowledge, it was all paid for by Health and
5 Hospitals.

6 Q Now, what was your job title when
7 you were at H&H?

8 A At what point?

9 Q Well, when you started, I guess --
10 let's go back to, I guess, your initial --
11 just some initial questions that I typically
12 ask deponents.

13 Dr. Ford, where did you get your
14 undergraduate degree?

15 A Yale University.

16 Q What did you get your degree in?

17 A Biology.

18 Q What year did you graduate from
19 Yale?

20 A 1994.

21 Q And then what was your next
22 degree?

23 A Medical degree.

24 Q And where was that from?

25 A The University of Virginia.

1 E. FORD, M.D.

2 Q And when did you get that?

3 A 2000.

4 Q And then after that, did you do
5 any fellowships?

6 A I did do a fellowship. I did a
7 residency first in psychiatry at New York
8 University School of Medicine. And then I
9 did a fellowship in forensic psychiatry the
10 year after that.

11 Q When was that, the forensic
12 psychiatry?

13 A That was 2004 to 2005.

14 Q Where did you do the forensic
15 psychiatry residency?

16 A NYU School of Medicine.

17 Q And then after you completed the
18 forensic psychiatry residency, where did you
19 go?

20 A I took a position on an inpatient
21 psychiatry in Bellevue Hospital as an
22 attending physician.

23 Q Was this attending level one?

24 A I was paid by NYU, so there was
25 no -- there wasn't a -- I don't know. We

1 E. FORD, M.D.

2 didn't have titles like that.

3 Q So how long were you in Bellevue
4 as an attending physician?

5 A About three months. I was
6 promoted to the unit chief at that time,
7 same unit.

8 Q So out of just completing your
9 residency, three months afterwards you were
10 promoted to unit chief?

11 A That's correct.

12 Q Had you had any experience working
13 prior to this residency in this capacity?

14 MS. CANFIELD: Objection as to
15 form. You can answer.

16 A I'll try to. Do you mean as a
17 unit chief had I ever had experience?

18 Q Let's start with that.

19 A No. This was my first position as
20 a unit chief.

21 Q How long had you been practicing
22 medicine prior to being promoted to unit
23 chief?

24 A So when you say practice medicine,
25 do you mean when I was licensed and could

1 E. FORD, M.D.

2 practice independently?

3 Q Yes.

4 A I received my license when I was a
5 second year resident. So I guess for four
6 years, five years, four or five years.

7 Q So what year was this that you got
8 promoted to unit chief?

9 A 2005.

10 Q And this is at Bellevue?

11 A Yes.

12 Q And who was your supervisor at the
13 time?

14 A I hope I don't get his first
15 name -- Dr. Morris, I believe was his last
16 name, Raphael, first name, I think.

17 Q How long were you unit chief?

18 A About 18 months.

19 Q And why did you change positions?

20 A I left that position during the
21 eighth month of my second pregnancy.

22 Q And why was that?

23 A Because I was having a high risk
24 pregnancy, and I had a toddler, and the job
25 was difficult.

1 E. FORD, M.D.

2 Q And why was the job difficult?

3 A The inpatient unit at Bellevue was
4 one of the high risk units for people at
5 Rikers Island with serious mental illness.
6 It was a lot of crisis all the time and I
7 was increasingly feeling like it was hard to
8 be available as I wanted to be that
9 pregnant.

10 Q Available to who?

11 A To my staff and the patients.

12 Q Did you have issues being
13 available to your family?

14 MS. CANFIELD: Objection.

15 Q You can answer.

16 A I didn't -- I don't think I had
17 issues. I wanted to be with them more.

18 Q And you couldn't in your job
19 capacity at that time; is that right?

20 MS. CANFIELD: Objection. You
21 can answer.

22 A I found it difficult to balance.

23 Q And why was that?

24 A I think because both having a
25 young family and a challenging professional

1 E. FORD, M.D.

2 job was a lot, and I wanted to be both
3 places all the time and couldn't.

4 Q Did you express any of this to
5 your supervisor?

6 A Indeed.

7 Q So you spoke to Dr. Morris about
8 this; am I right?

9 A No. He was not my supervisor at
10 the time I left that position.

11 Q Who was your supervisor?

12 A A psychiatrist named Ken Hoag.

13 Q And what did you tell Mr. Hoag
14 regarding the balance?

15 A That I needed to leave the
16 position in order to take more time to raise
17 my family.

18 Q But prior to that, you didn't tell
19 him that you needed adjustments to your job
20 or anything like that, in order to
21 accommodate your family and the job?

22 MS. CANFIELD: Objection as to
23 form. You can answer.

24 A I don't remember what
25 conversations I had with him prior to that,

1 E. FORD, M.D.

2 that end conversation.

3 Q Did you ask for any adjustments to
4 your job so that you could accommodate your
5 family?

6 MS. CANFIELD: Objection as to
7 form. You can answer.

8 A I don't think so.

9 Q Did you have any difficulty
10 getting to work due to day care when you
11 were working at that capacity?

12 A I got to work on time every day.
13 It was -- the mornings were pretty chaotic,
14 but I'm not sure what you mean by
15 difficulty. I was able to do it.

16 Q You were able to do it, but it was
17 a struggle; am I right?

18 MS. CANFIELD: Objection as to
19 form. You can answer.

20 A I didn't -- it was difficult.

21 Q But the question was, did you --
22 you said it was difficult, and why was it
23 difficult?

24 MS. CANFIELD: Objection. You
25 can answer.

1 E. FORD, M.D.

2 A Sure. Because I had -- still do
3 have a husband who worked full-time, and I
4 had two -- I had a -- how old was he, 18
5 month son, and a very large belly, and I
6 needed to get him to day care, which didn't
7 open until about half hour before I needed
8 to get to work.

9 Q Did you believe that you could or
10 anyone could balance the life of a
11 professional woman and being a mother?

12 MS. CANFIELD: Objection as to
13 form. You can answer.

14 A I'm sorry. Did I believe that
15 then, do I believe that in general?

16 Q Yes. In general.

17 A I do. Um-hmm.

18 Q And at the time, did you believe
19 it?

20 A I don't know if I thought about it
21 at the time, actually.

22 Q Did you think about it afterwards?

23 MS. CANFIELD: Objection as to
24 form. You can answer.

25 A I mean, yeah, I think about those

1 E. FORD, M.D.

2 balances all the time for myself and for my
3 staff.

4 Q Now, when you worked under
5 Mr. Hoag, were you allowed to work a
6 modified schedule?

7 MS. CANFIELD: Objection as to
8 form. You can answer.

9 A Again, I don't believe I ever
10 asked for a modified schedule, so I don't
11 know the answer to that.

12 Q I'm not asking if you asked for
13 it, but were you allowed to work a modified
14 schedule? Did you work 9:00 to 5:00 or an
15 eight-hour schedule at that time?

16 A I did work -- well, I mean -- yes,
17 I worked a 9:00 to 5:00 schedule. I was
18 available on call all the time, but I did
19 work a full schedule. I never asked about a
20 different one. So I don't know if I would
21 have been allowed to.

22 Q Were you allowed to come and go as
23 you pleased at that time?

24 A No. Not that I recall.

25 Q So did you come to work the same

1 E. FORD, M.D.

2 time every day and leave the same time every
3 day?

4 A I came to work the same time every
5 day, with the exception of maybe I would
6 come in early if something particular was
7 going on in the unit, but I arrived at work
8 every day, and I did not leave work every
9 day. Frequently I was coming home later
10 than I wanted to.

11 Q So you worked extended hours, and
12 you didn't -- did you work part-time at any
13 point, when Mr. Hoag was your supervisor?

14 A No. Um-um.

15 Q So you worked five days a week,
16 eight hours a day, if not more?

17 A That's correct.

18 Q During the time that you were unit
19 chief?

20 A That's correct.

21 Q The entire time?

22 A The entire time.

23 Q So after you became -- after you
24 were promoted to unit chief, you decided to
25 leave that position. What did you do after

1 E. FORD, M.D.

2 you left that position?

3 A I was on maternity leave at that
4 time, and I didn't have a particular plan
5 for my next move. During my maternity leave
6 I accepted a position to work in the
7 emergency room at Bellevue Hospital.

8 Q In what capacity were you working
9 in the emergency room?

10 A I was an attending physician.

11 Q And how long were you working
12 there?

13 A About 18 months.

14 Q What year, what time period is
15 this?

16 A I believe I started October 2007
17 or fall 2007 until May of 2009.

18 Q And what was your next position
19 after that, Dr. Ford?

20 A The director of the division of
21 forensic psychiatry at Bellevue Hospital.

22 Q And how did you get that job,
23 Dr. Ford?

24 A I was offered that job by the
25 chief of psychiatry at Bellevue.

1 E. FORD, M.D.

2 Q Who was that?

3 A Marianne Badaracco.

4 Q Was she your supervisor when you
5 started working there?

6 A Yes. In that position, yup.

7 Q And this is in May 2009?

8 A Correct.

9 Q Now, were you supervising Dr. Kaye
10 at that time?

11 A I believe the division of forensic
12 psychiatry included the Bronx Court Clinic.
13 So when I started in May, my understanding
14 was that I was Dr. Kaye's supervisor.

15 Q Now, was Dr. Belkin, I guess the
16 director of the court clinics at that time?

17 MS. CANFIELD: Objection as to
18 form. You can answer.

19 A I don't know. I don't know.

20 Q You are familiar with Dr. Belkin;
21 am I right?

22 A Yeah. I'm familiar with him.

23 Q How long did Dr. Belkin serve in
24 the capacity as the director of all the
25 court clinics?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection as to
3 form. You can answer.

4 A I don't know Dr. Belkin's
5 involvement with the court clinics.

6 Q Let me just make sure that I get
7 this right then.

8 I'm going to show you what's going
9 to be marked as Plaintiff's Exhibit 1.

10 (Whereupon, Letter 06/12/16 Dr.
11 Belkin (NYC1003) was marked as
12 Plaintiff's Exhibit 1 for
13 identification as of this date.)

14 Q So at this time, so I don't take
15 up too much more of your time while we're
16 moving through this document.

17 At this time, you are -- had you
18 met Dr. Kaye in 2009?

19 A I don't remember.

20 Q When was the first time you
21 remember meeting Dr. Kaye?

22 A I don't remember the year. I
23 think it was in my office at Bellevue
24 Hospital, but I don't remember.

25 Q You're not sure what capacity you

1 E. FORD, M.D.

2 were serving in at that time; is that right?

3 MS. CANFIELD: Objection as to

4 form. You can answer.

5 A I don't think I met Dr. Kaye prior
6 to my position as the division director, but
7 I'm not sure.

8 Q So even though you were the
9 director of forensic psychiatry over at
10 Bellevue in May of 2009 -- and how long did
11 you have that position for director of
12 forensic psychiatry at Bellevue?

13 MS. CANFIELD: Objection as to
14 form. You can answer.

15 A Five years.

16 Q So from May 2009 to 2014, you were
17 the director of forensic psychiatry at
18 Bellevue; is that right?

19 A Yes.

20 Q You're not sure at that time
21 whether or not you worked with Dr. Kaye or
22 not?

23 MS. CANFIELD: Objection as to
24 form. You can answer.

25 A I believe you had asked me when

1 E. FORD, M.D.

2 did I first meet her. I do recall working
3 with Dr. Kaye when I was the division
4 director.

5 Q How was your working relationship
6 with Dr. Kaye at that time?

7 A I thought it was professional and
8 friendly.

9 Q And how would you describe her as
10 an employee at that time?

11 A We didn't interact too much, but I
12 found her to be excellent at the work that
13 she was doing in the Bronx. I found her to
14 be an advocate for herself and the trainees
15 and staff that she had at the clinic. I
16 found her to be precise and professional.

17 Q So this is from 2009 to 2014, that
18 was your perspective on Dr. Kaye at that
19 time?

20 A Yes. There were a few -- yes.
21 From my personal experience with her, yes.

22 Q Did she collaborate with you when
23 you had questions or any ideas about the
24 clinics?

25 MS. CANFIELD: Objection as to

1 E. FORD, M.D.

2 form. You can answer.

3 A I'm not entirely sure I understand
4 the question.

5 Q Well, would you say that Dr. Kaye
6 was cooperative when you had questions about
7 the clinics and operations at that time?

8 A Yes.

9 Q And would you say that she was
10 willing to collaborate with you if you had
11 any desire to do so at that time?

12 A Yes.

13 Q Now, I'm going to go back to the
14 question I had about Dr. Belkin or
15 Mr. Belkin. I'm going to see if I can share
16 the screen with you.

17 Now, Dr. Ford, I have what's going
18 to be marked as Plaintiff's Exhibit 1. For
19 the record, it bears the Bates stamp series
20 NYC1003. And it's a letter dated -- it's a
21 letter dated June 12, 2016, I guess from
22 Dr. Belkin to the Honorable Fern A. Fisher.

23 Do you see that?

24 A I do.

25 Q Have you ever seen this letter

1 E. FORD, M.D.

2 before?

3 A No.

4 Q Now, you do know that Dr. Belkin
5 was serving in the capacity as deputy
6 commissioner of mental hygiene; is that
7 right?

8 A I do know that, yes.

9 Q Do you know who succeeded
10 Dr. Belkin after he left his position?

11 A No. I don't know if there was
12 someone between him and the person I'm
13 thinking of.

14 Q Who are you thinking of now?

15 A Hillary Cummings.

16 Q Now, did --

17 A I'm sorry. Go ahead.

18 Q You said Hillary Cummings and then
19 what?

20 A I believe she's left also, but
21 that's the person I was thinking of.

22 Q Now, did Dr. Belkin serve in this
23 capacity the whole time that you were
24 working there, Dr. Ford?

25 A I'm sorry. That I was working

1 E. FORD, M.D.

2 where?

3 Q Working as director of forensic
4 psychiatry at Bellevue?

5 MS. CANFIELD: Objection as to
6 form. You can answer.

7 A Sure. I actually don't know who
8 the executive deputy commissioner of mental
9 hygiene was when I was at Bellevue Hospital.

10 Q Do you know who the executive
11 director of -- it's actually deputy
12 commissioner of mental hygiene, was when you
13 were at CHS?

14 A Yes. I believe it was Dr. Belkin.

15 Q Was he the executive deputy
16 commissioner the whole time?

17 A The whole time I was at CHS?

18 Q Yes.

19 A No. He left and, again, I think
20 it was Hillary Cunnings who took over.

21 Q Now, going back to your time
22 working with Dr. Kaye from 2009 to 2014, you
23 established or you've testified that
24 Dr. Kaye, you had a friendly relationship
25 with Dr. Kaye at that time; is that right?

1 E. FORD, M.D.

2 Or cordial, cordial friendly, right?

3 MS. CANFIELD: Objection as to
4 form. You can answer.

5 A Yes.

6 Q At any time did you complete
7 performance evaluations with Dr. Kaye,
8 during that period?

9 A I don't remember.

10 Q You're not sure if you did or not?

11 MS. CANFIELD: Objection as to
12 form. You can answer.

13 A I'm not sure if I did or not.

14 Q At any point was there an issue
15 with backlog of cases in Manhattan during
16 that time period?

17 A I'm not sure. I'm not sure. It
18 sounds vaguely familiar, but I'm not sure.

19 Q At some point did your
20 relationship or view of Dr. Kaye change?

21 A When I was at Bellevue?

22 Q Well, after you left Bellevue.

23 A No. Not that -- no.

24 Q So where did you go after you left
25 Bellevue?

1 E. FORD, M.D.

2 A I went to Correctional Health
3 Services. Which at the time was part of the
4 Department of Health and Mental Hygiene in
5 the city.

6 Q And when was that?

7 A That was September of 2014.

8 Q What role did you have at that
9 point?

10 A The executive director of mental
11 health for Correctional Health Services.

12 Q Who were you supervising at that
13 time?

14 MS. CANFIELD: Objection as to
15 form. You can answer.

16 A Do you mean who was I directly
17 supervising?

18 Q Yes, ma'am.

19 A I'm not going to be able to recall
20 everybody. But there was a -- there was a
21 couple of psychologists. I believe I was
22 the direct supervisor for the head of the
23 discharge planning service in the jail, a
24 couple of research assistants. The position
25 was contract oversight of the prison

1 E. FORD, M.D.

2 healthcare service.

3 Q Were the court clinics under your
4 purview at that time?

5 A When I started that position?

6 Q Yes.

7 A No.

8 Q When did the court clinics become
9 under your purview again?

10 MS. CANFIELD: Objection as to
11 form. You can answer.

12 A I believe it was in 2018.

13 Q And how did that happen?

14 A There was a functional -- there
15 was a decision made above my head to
16 consolidate the four court clinics in the
17 city, under one management structure, and
18 that was Correctional Health Services. I
19 don't know the operational structure about
20 how the transfer specifically happened. I
21 believe it was a functional transfer.

22 Q Did your salary increase when the
23 court clinics were assigned to you?

24 MS. CANFIELD: Objection as to
25 form. You can answer.

1 E. FORD, M.D.

2 A I don't know. I don't know.

3 Q When you said that the decision
4 took place to consolidate the court clinics
5 was above your head. What do you mean by
6 that, Dr. Ford?

7 A That was a decision made by --
8 well, actually, I can't tell you exactly who
9 made it. But my understanding is, that it
10 was a decision made with the City and Health
11 and Hospitals.

12 Q You said it was made with the City
13 and Health and Hospitals. Do you know why
14 they decided to consolidate the clinics?

15 A I do not.

16 Q Did you participate in any of the
17 discussions?

18 A I was asked by my supervisor about
19 the pros and cons of a move like that.

20 Q And who was your supervisor at the
21 time?

22 A I think it was Homer Venters. No.
23 I think it was -- there was a period of time
24 where my supervisor left and there was a
25 gap. And at that point my supervisor was a

1 E. FORD, M.D.

2 woman named Patsy Yang. I don't know if I
3 spoke with Homer or Patsy.

4 Q When did Ms. Yang become your
5 supervisor?

6 A She was never really my
7 supervisor, like direct reporting. I
8 reported to the chief medical officer at
9 Correctional Health Services.

10 Q And who was that?

11 A That was Homer Venters,
12 V-E-N-T-E-R-S. And then following his
13 departure, it was Ross McDonald.

14 Q When did Dr. McDonald become your
15 supervisor?

16 A I don't remember.

17 Q Would it be fair to say that you
18 were evaluated six times while you were at
19 CHS?

20 MS. CANFIELD: Objection as to
21 form.

22 A I'm sorry. That I was evaluated?

23 Q Yes.

24 A I don't know how many times I was
25 evaluated.

1 E. FORD, M.D.

2 Q Were you ever evaluated?

3 MS. CANFIELD: Objection as
4 to form. You can answer.

5 A I remember receiving -- I remember
6 discussing a performance evaluation once
7 with Dr. McDonald.

8 Q When was that?

9 A I think that was in 2019.

10 Q And what was your rate?

11 A I think it was exceeds
12 expectation. I think.

13 MS. HAGAN: So I'm calling for
14 the production of Dr. Ford's
15 performance evaluation from
16 Dr. McDonald in 2019.

17 MS. CANFIELD: If you can put
18 that in writing. We'll take that
19 under advisement.

20 Q So, Dr. Ford, when you became
21 executive director of mental health services
22 at CHS in September of 2014, what were your
23 job functions at that time?

24 A So that position was for the
25 Department of Health and Mental Hygiene. I

1 E. FORD, M.D.

2 understood my job functions to be primarily
3 quality oversight of the care that was being
4 provided to individuals in the New York City
5 jail system by Corizon. Which was the
6 provider of the services.

7 Q Now, in 2018, you said that your
8 oversight now included CHS, right? At that
9 time, what were your job functions?

10 MS. CANFIELD: Objection as to
11 form. You can answer.

12 A Yeah. So -- CHS, I stayed with
13 CHS. It moved from the Department of Health
14 and Mental Hygiene to Health and Hospitals
15 in 2015. And then at that time my job
16 description -- my job title changed to chief
17 of psychiatry.

18 My job description for that role
19 was primarily clinical oversight of all of
20 the clinical care in the mental health
21 service that was being delivered in the
22 jail. Quality assurance, quality
23 improvement. Program and policy
24 development. Recruitment of staff.
25 Education of staff. Those are some of the

1 E. FORD, M.D.

2 main.

3 Q Now, what would you say your role
4 was role was when it came to the court
5 clinics, how did you interact with the court
6 clinics?

7 MS. CANFIELD: Objection as to
8 form. You can answer.

9 A Is this during or after they
10 became part of Correctional Health?

11 Q When it became apart of
12 Correctional Health, yes.

13 A My role was to -- I played a role
14 in transition of the clinics into the
15 service. And I was the supervisor of --
16 there was a director overall of the court
17 clinics. So I supervised that individual.

18 I was primarily the person to whom
19 he would go with any kinds of quality
20 concerns. Also improvement ideas, issues
21 that were happening in the clinics.

22 Q Who was that?

23 A Who was what?

24 Q Who was the director of the court
25 clinics?

1 E. FORD, M.D.

2 A A doctor named Abhishek Jain.

3 Do you need me to spell his first
4 name?

5 Q No. I have that.

6 MS. CANFIELD: The court
7 reporter might need it.

8 MS. HAGAN: She has a list of
9 names.

10 MS. CANFIELD: Oh, she does,
11 okay. Sure.

12 Q So you supervised the director of
13 court clinics. Now, did Dr. Jain -- did you
14 evaluate Dr. Jain?

15 A I did.

16 Q How many times did you evaluate
17 Dr. Jain?

18 A I don't remember. I don't
19 remember. I can't remember when he was
20 hired.

21 Q Would it be fair to say he was
22 hired in April of 2018?

23 A That sounds about right.

24 Q So that would mean that he may
25 have gotten an evaluation at the end of that

1 E. FORD, M.D.

2 year; would that be right?

3 A Yes. I think I did a six-month
4 evaluation and then another one a year
5 later. So I think I did two.

6 Q And what did you rate Dr. Jain?

7 A I don't remember.

8 MS. HAGAN: I'm going to call
9 for the production of the
10 evaluations for Dr. Jain.

11 MS. CANFIELD: If you could
12 put it in writing. We'll take it
13 under advisement.

14 Q Now, how was Dr. Jain as an
15 employee?

16 A In what sense?

17 Q Well, was he a good manager?

18 A I found him to be a good manager.

19 Q Did you find him to be
20 knowledgeable about the field of forensic
21 psychiatry?

22 A Yes.

23 Q Now, we were kind of going through
24 your professional trajectory. But I didn't
25 backtrack to ask you this. You did do a

1 E. FORD, M.D.

2 residency in forensic psychiatry; is that
3 right?

4 A I did a fellowship in forensic
5 psychiatry, yes.

6 Q By any chance, did you actually do
7 any 730 exams yourself?

8 A I did. Yes.

9 Q When was that?

10 A I did 730 exams during that
11 fellowship at the Manhattan Court Clinic.
12 And I was the training director for the NYU
13 forensic psychiatry fellowship for four
14 years. And I believe I did several
15 evaluations in that role also.

16 Q How many 730 tests would you say
17 you've done?

18 A I don't know.

19 Q Would it be between one and ten?

20 A More than that.

21 Q One and 25?

22 A I would say about, somewhere
23 between 30 and 50.

24 Q And this is at the Manhattan Court
25 Clinic?

1 E. FORD, M.D.

2 A I did the 730 evaluations when I
3 was a fellow at the Manhattan Court Clinic.
4 And, actually, apologies, there were a few
5 other times when I did 730 evaluations.

6 I also did them when I was -- as
7 part of the fellowship, as a fellow at Kirby
8 Forensic Psychiatry Center. And I also did
9 them for people who were admitted to the
10 inpatient unit at Bellevue Hospital, for
11 whom an evaluation at the court clinic was
12 not possible.

13 Q So these would be off site
14 evaluations?

15 MS. CANFIELD: Objection as to
16 form. You can answer if you can.

17 A The ones at Bellevue Hospital?

18 Q Yes.

19 A Well, they weren't off site to me.
20 They were where I was working, but they were
21 not in the court clinic.

22 Q And this is while you were a
23 fellow?

24 MS. CANFIELD: Objection as to
25 form.

1 E. FORD, M.D.

2 A No. That was when I was working
3 as an attending physician, a unit chief, and
4 then -- I don't think I did any as the
5 division director.

6 Q Now, when you resumed your
7 position -- when you resumed management of
8 the court clinics in 2018 -- let me
9 backtrack.

10 Had you ever testified at a
11 controversion hearing?

12 MS. CANFIELD: Could you
13 repeat that. I didn't hear it. I
14 hear like someone's cell phone
15 buzzing and then dinging.

16 Q Have you ever testified at a
17 controverted hearing?

18 A No.

19 Q You have not. Have you ever been
20 contra verted?

21 MS. CANFIELD: I'm sorry. I
22 still didn't hear you.

23 Q Have you ever been controverted,
24 Dr. Ford?

25 A Controverted. No. I don't think

1 E. FORD, M.D.

2 so. Not to my knowledge.

3 Q Now, when you were doing these 730
4 examinations, who was your supervisor at the
5 Manhattan Court Clinic?

6 A During my fellowship?

7 Q Yes.

8 A My supervisor was -- well, my
9 supervisor formally was my fellowship
10 director, who was Richard Rosner. And then
11 the person who I went over my 730 exams with
12 as a supervisor was a doctor named Howard
13 Owens.

14 Q So going back to the 2018 time
15 period, when you were now the, I guess chief
16 of psychiatry, right? Who were your direct
17 reports at that time?

18 A In 2018, this is pre or post
19 transition of the court clinics?

20 Q Well, let's start with pre.

21 A Pre. I can't recall the exact org
22 chart. I can't recall the exact org chart,
23 but if I remember correctly, there was a
24 medical director, a clinical director.

25 Q Can you give me the name.

1 E. FORD, M.D.

2 A The medical director was *Bepan
3 Subetin.

4 A clinical director, her name was
5 Virginia Barbara Rioja, a psychologist. A
6 director of court services named, Angela
7 Solimo, S-O-L-I-M-O. A director of social
8 work named Bill Collins. I believe that --
9 I think he was still there.

10 There was a gentleman named
11 Anthony Waters who was director of staff
12 development. I think he was still there
13 then. Director of substance abuse treatment
14 named Jonathan Giftos, G-I-F-T-O-S. I can't
15 recall if it was 2018, I think so, director
16 of the young adults services named Lily
17 Hoffman.

18 I feel I'm -- oh, there was a
19 director of specialty mental health housing
20 in the jails. And I can't recall who
21 that -- that person changed over. I can't
22 remember who it was at that time. And I had
23 a special assistant, like an administrative
24 assistant, I think, for some of that time
25 named Suzanna Lewis. I hope I didn't forgot

1 E. FORD, M.D.

2 anybody.

3 Q Now, post transition, did you have
4 the same number of direct reports or less?

5 A Post transition, I added the
6 director of the court clinics as a direct
7 report.

8 Q So that would be Dr. Jain?

9 A Correct.

10 Q Now, to your understanding, what
11 were the functions of the court clinics?

12 MS. CANFIELD: Objection to
13 form. You can answer.

14 A My understanding is that the court
15 clinics are responsible for conducting
16 evaluations ordered by the criminal courts.
17 I think they are primarily for indigent
18 defendants. And the bulk of the work are
19 conducting competence to stand trial
20 evaluations, or 730 evals.

21 In addition to something called
22 390 evaluations, which I believe are sort of
23 other court ordered mental health
24 evaluations for aiding and things like
25 sentencing or probation. Stuff like that.

1 E. FORD, M.D.

2 Q Did you ever do a 390 evaluation?

3 A I think I did one or two. I
4 probably did a handful in fellowship.

5 Q But you're not quite sure?

6 A I know I did at least one, but,
7 yes, I'm not sure how many.

8 Q Was there ever a time that a
9 decision was made to, I guess, change the
10 way that 730 exams were administered?

11 A Not that I'm aware of.

12 Q Was there ever any discussions of
13 expediting the turnaround of 730
14 examinations?

15 A Yes.

16 Q When?

17 A I don't know exact dates. I
18 remember there was discussion about that
19 when I was at Bellevue. I don't remember
20 which clinic or if it was both the Manhattan
21 and Bronx. And then there was discussion,
22 yeah, about some of the other court clinics.

23 Yeah. I don't remember. It was
24 not an infrequent conversation, because
25 there was an interest in making sure that

1 E. FORD, M.D.

2 defendants didn't have to stay in jail
3 longer because of a delay in getting
4 evaluations completed.

5 Q Now, at any point did you support
6 doing 730 examinations without medical
7 records?

8 A No.

9 Q Did you ever support doing
10 evaluations with redacted medical records?

11 MS. CANFIELD: Objection as to
12 form. You can answer.

13 A I was aware that medical records
14 needed to be redacted, I think it was
15 substance use and HIV information fell under
16 different requirements, and so those needed
17 to be redacted.

18 Q Who told you that they fell under
19 different requirements?

20 A I believe it was our counsel at
21 Correctional Health.

22 Q Who was your counsel at
23 Correctional Health?

24 A At the time, I think it was
25 Patrick Alberts.

1 E. FORD, M.D.

2 Q How did it come to be that the
3 medical records needed to be redacted?

4 MS. CANFIELD: Objection as to
5 form.

6 A I don't know the history of those
7 laws. So I don't know. I can't tell you
8 that.

9 Q Now, you served in this capacity
10 twice, right?

11 MS. CANFIELD: Objection.

12 Q As presiding over the court
13 clinics; is that right?

14 MS. CANFIELD: There's a
15 beeping in the middle of your
16 question. I didn't hear it.

17 MS. HAGAN: I'm not sure.

18 Q You were the manager of the court
19 clinics twice; is that right?

20 MS. CANFIELD: Objection as to
21 form. You can answer.

22 A I was the supervisor for the
23 Manhattan and Bronx clinics in 2009 to 2014.
24 And then at CHS for all four clinics, well,
25 for Kings County and Queens, I think from

1 E. FORD, M.D.

2 April of 2018 until my departure, and then
3 the Bronx and Manhattan. When I returned, I
4 was on a leave that summer, so fall of 2018
5 until departure.

6 Q I'm going to ask you initially,
7 from 2009 to 2014, did you ever hear anyone
8 say that medical records needed to be
9 redacted in order for an evaluation to be
10 completed?

11 MS. CANFIELD: Objection as to
12 form. You can answer.

13 A I don't remember.

14 Q When was the first time you
15 learned that medical records needed to be
16 redacted?

17 MS. CANFIELD: Objection as to
18 form. You can answer.

19 A I don't know the first time I
20 learned. The first time I remember
21 retaining it, I guess, was back when
22 Mr. Alberts told me when I was at
23 Correctional Health Services. I don't know
24 when that was.

25 Q So you're not sure when it was.

1 E. FORD, M.D.

2 Did anybody confirm with you prior
3 to administering this edict that the medical
4 records need to be redacted?

5 MS. CANFIELD: Objection as to
6 form. You can answer.

7 A Did anyone confer -- I think -- I
8 don't remember. I have a vague recollection
9 of having a conversation about whether I had
10 ever done reports and records had been
11 redacted.

12 Q Had you?

13 MS. CANFIELD: Objection. You
14 can answer.

15 A Yes.

16 Q When do you remember doing a
17 report where the medical records were
18 redacted?

19 A I don't remember the year or the
20 location. I have a visual memory of the
21 records with the black boxes through them.

22 Q So you're saying that it was
23 standard practice during the time you were
24 doing forensic evaluations that the medical
25 records were redacted?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection as to
3 form. You can answer.

4 A I'm not saying it -- I don't know
5 if it was standard practice or not. I'm
6 saying that I have done an evaluation in the
7 past that have redacted medical records.

8 Q Now, is there ever a possibility
9 in your professional capacity where a
10 person's medication could impact or impair
11 their ability to, I guess, participate in
12 their own defense?

13 MS. CANFIELD: Objection as to
14 form. You can answer.

15 A So I would answer that I do
16 believe there are medications that can
17 impair a person's cognitive abilities. And
18 if they -- and whether they impact their
19 ability to assist with their defense is
20 another question. But, yeah, some
21 medications can impair someone's cognitive
22 ability.

23 Q What about their ability to
24 participate in their defense, logically
25 speaking? If their cognitive abilities have

1 E. FORD, M.D.

2 been impaired, then what about their ability
3 to actually participate in their defense?

4 A I think it's certainly possible.

5 Q Would you also make that same
6 determination when it came to a person's
7 usage of illegal narcotics?

8 MS. CANFIELD: Objection as to
9 form. You can answer.

10 A Yes. The usage of illegal
11 narcotic could also certainly potentially
12 impair that.

13 Q Are you saying that you would
14 agree that the redaction of substance abuse,
15 HIV status, that that information should be
16 redacted?

17 MS. CANFIELD: Objection as to
18 form. You can answer.

19 A What I'm saying is that that is --
20 those are the restrictions as I know them
21 now. And so that's what I work with.

22 Q Did you agree with those
23 restrictions yourself personally?

24 A I didn't know the -- I don't know
25 the history well enough to know how they

1 E. FORD, M.D.

2 developed. I do remember at some point
3 thinking it would be nice to know that
4 information.

5 Q Did you take the position against
6 Dr. Kaye when she raised these issues with
7 you?

8 MS. CANFIELD: Objection as to
9 form. Assumes facts not in
10 evidence, but you can answer.

11 A If you could just refresh my
12 memory about what time you're referring to.

13 Q Well, did there ever come a time
14 where Dr. Kaye -- where I think you're
15 talking to Dr. Kaye raised an issue with
16 redacted medical records?

17 A I think there was a time -- I
18 don't remember if it was before Correctional
19 Health took over or not. I do have a
20 recollection of a case, and I believe
21 Dr. Kaye was asking for full unredacted
22 records, and there was back and forth about
23 that.

24 Q What was your position when she
25 was asking for those unredacted records?

1 E. FORD, M.D.

2 A My position was that we should be
3 following whatever the guidelines were for
4 Correctional Health in terms of releasing
5 those records.

6 Q Is it your testimony that
7 potentially defendants' constitutional
8 rights would be violated if Dr. Kaye and
9 others were not allowed to conduct
10 evaluations with unredacted records?

11 MS. CANFIELD: Objection as to
12 form. You can answer if you're
13 able.

14 A I'm sorry. Is the question
15 whether that would be unconstitutional?

16 Q Well, their constitutional rights
17 would be affected, as far as the ability to
18 stand trial and you're fit?

19 A I can't form an opinion about
20 that. I don't know.

21 Q I'm going to ask you, going back
22 to the actual use of the redacted records.
23 Did you have an issue or take issue with
24 Dr. Kaye for raising those questions with
25 CHS management?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection as to
3 form. You can answer.

4 A I don't believe I took issue with
5 Dr. Kaye initially. I remember -- I think
6 that there was a, ruling is not the word,
7 but I think that she was told that the
8 records could not be produced without
9 redactions. I have a memory that this went
10 on for some time. I don't know if ever -- I
11 don't recall. I don't know if I ever spoke
12 with Dr. Kaye directly about it.

13 Q So you're not sure if you ever
14 spoke to her about it yourself?

15 A Correct. I'm not sure.

16 Q Did you think to speak to her
17 about it yourself?

18 MS. CANFIELD: Objection as to
19 form. You can answer.

20 A I probably thought about it. I
21 also thought that this was an issue that was
22 not under my direct purview, and that I
23 should be leaving this to the attorneys to
24 resolve.

25 Q Why wouldn't it be under your

1 E. FORD, M.D.

2 direct purview if Dr. Kaye was amongst
3 employees that you managed?

4 MS. CANFIELD: Objection as to
5 form. You can answer.

6 A Sure. This was before I was
7 Dr. Kaye's manager. This was pre -- I
8 believe this was pre-transition.

9 Q Is it your testimony that Dr. Kaye
10 never raised the issue again once you became
11 her manager?

12 MS. CANFIELD: Objection as to
13 form. You can answer.

14 A I don't remember if she did or
15 not. I don't remember.

16 Q At any point did you refer to
17 Dr. Kaye as being a problem?

18 MS. CANFIELD: Objection as to
19 form. You can answer.

20 A Sure. There was -- I don't
21 remember that, but I was in preparation for
22 the deposition, there was some emails that I
23 reviewed. And there was one where I said --
24 I do think I used that word.

25 Q Why?

1 E. FORD, M.D.

2 A At the time I was -- I believe
3 this was at the tail end of the redacted
4 records, and I was frustrated. And I was
5 thinking about the defendant who was -- at
6 the time I was managing just the jail
7 service. So I was thinking about the
8 delays. I was frustrated.

9 Q Did you say that Dr. Kaye was a --
10 she had been a problem for a long time and
11 that she needed to be managed out?

12 A I believe that's similar to my
13 recall of what the email said.

14 Q But why did you say that?

15 A Well, again, the problem was the
16 frustration. I also was aware of, from my
17 time at Bellevue, there had been concerns
18 raised to me outside of psychiatry about
19 Dr. Kaye's working relationship with others.

20 And with respect to the manage
21 out, I don't recall thinking I -- it was
22 something to sort of actively do to her. I
23 remember thinking if the rules are that we
24 can't give other than redacted records, then
25 we'll just have to impart to Dr. Kaye that

1 E. FORD, M.D.

2 this is how things will go. And then if
3 that's not -- if it's not acceptable to her
4 in that position, then I wasn't sure what we
5 could do.

6 Q Did you ever say that you should
7 manage out anyone else while you were at CHS
8 in 2018 until you left?

9 MS. CANFIELD: Objection as to
10 form. You can answer.

11 A I don't know if I ever said that.
12 I do remember that there was another
13 employee who was not a direct report of
14 mine. I was talking with a supervisor about
15 that person. And I had a similar response,
16 which was that these are the -- something
17 like, these are the rules, and if -- you
18 know, we'll need to just make sure that the
19 person knows the rules.

20 Q I have a question. What do you
21 mean when you say manage it out? Who would
22 you typically mean by that?

23 A Sorry. I wasn't clear in my
24 answers before. I mean, making sure that
25 the policies are clear to the individual.

1 E. FORD, M.D.

2 And then if they don't follow them
3 despite -- I think it's called progressive
4 discipline. I'm not sure if that's the
5 right term. Following the steps of making
6 sure the policies are followed.

7 Q I understand you're saying making
8 sure the policies are followed. But when
9 you say managed out, in just conventional
10 parlance, right, would you say that that's
11 basically code language of pushing someone
12 out of employment?

13 A No. That is not how I meant it.

14 Q You didn't want to push Dr. Kaye
15 out; is that what you're saying?

16 A That's correct.

17 Q I'm going to show you what will be
18 marked as Plaintiff's Exhibit 2. And this
19 is an email you said you basically reviewed
20 in preparation for today's deposition.

21 What other emails did you review
22 in preparation for today's deposition?

23 A I was sent a very long list of
24 emails. So I reviewed those.

25 Q Did you speak to counsel in

1 E. FORD, M.D.

2 preparation for today's deposition?

3 A I did.

4 Q And how many times would you say
5 you spoke to counsel?

6 A Once.

7 Q And when was that?

8 A Thursday of last week.

9 Q So now I'm going to show you what
10 will be marked as Plaintiff's Exhibit 2,
11 okay?

12 A Um-hmm.

13 (Whereupon, Email
14 (NYC_000077-000079) was marked
15 as Plaintiff's Exhibit 2 for
16 identification as of this date.)

17 Q Plaintiff's Exhibit 2 bears the
18 Bates Stamp series NYC077 to NYC0079. I
19 guess I'm going to start from the beginning
20 of the email thread, right.

21 As you discussed -- well, it
22 starts from, I guess, Ms. Yang to Patrick
23 Alberts, who was the counsel who was
24 assigned to this at CHS; is that right?

25 A I don't know if he was the counsel

1 E. FORD, M.D.

2 assigned to this. I recall him being the
3 legal counsel for CHS.

4 Q And the subject says, "Judge
5 Torres wants to hold us in contempt."

6 Do you remember that?

7 A I just remember looking at this
8 email in my review.

9 Q Do you remember the events that
10 surround or lead up to the email?

11 A Sort of.

12 Q Okay. What do you remember?

13 A That there was a case that was
14 being -- that Dr. Kaye didn't feel
15 comfortable completing because the records
16 were redacted, and that it had escalated to
17 a point that was -- well, that I had never
18 experienced, where a judge appeared to be
19 getting involved.

20 Q So, now, Mr. Alberts responds to
21 Ms. Yang, that he spoke to Erin at MOCJ. Do
22 you remember Erin?

23 A I don't remember who Erin is or
24 was.

25 Q About this judge again, and asked

1 E. FORD, M.D.

2 Lucy to provide the correct language for the
3 subpoena, which she did.

4 Do you know who Lucy is?

5 A I think that's the Lucy **
6 Khozoengineer roan any -- I can't spell that
7 for you. I'm sorry. I think she worked for
8 Patrick.

9 Q And Mr. Alberts says that he may
10 have the misperception, meaning the judge,
11 that his 730 order entitled him to substance
12 abuse information. Which they do not.

13 Now, had you read anywhere in any
14 the psychiatric publication that medical
15 records should be redacted?

16 MS. CANFIELD: Objection as to
17 form. You can answer.

18 A I don't think so. That would not
19 probably be the academic article I would
20 choose to read. So I don't recall reading
21 that academic publication.

22 Q Outside of CHS, had you come
23 across any literature or any professional
24 practice that called for the redaction of
25 medical records in the administration of 730

1 E. FORD, M.D.

2 examinations?

3 MS. CANFIELD: Objection as to
4 form. You can answer.

5 A In the administration of 730
6 exams, no, not specifically with that.

7 Q I mean, practically speaking, you
8 acknowledged that it would probably be nice
9 to have the unredacted records; is that
10 right?

11 MS. CANFIELD: Objection as to
12 form. You can answer.

13 A It doesn't -- I think the law is
14 what it is, so.

15 Q What law are you referring to?

16 A Sorry. This, that you're talking
17 about here, that the 730 orders don't
18 entitle them to substance use information.

19 Q At any point did you read any
20 specific legal provision that supported this
21 position?

22 MS. CANFIELD: Objection as to
23 form. Asked and answered. You can
24 answer again.

25 A Sure. Not that I remember.

1 E. FORD, M.D.

2 MS. HAGAN: I'm going to note
3 that, first off, the question was
4 not asked and answered, and that the
5 way that counsel objected basically
6 is coaching the witness. So I'm
7 going to ask that counsel refrain
8 from doing so forth forward and to
9 stick with proper objections, which
10 can only take place in the form of
11 either speaking objections or -- not
12 speaking objections, objection to
13 form or just objections. You're not
14 to elaborate as to the cause of the
15 objection outside of that.

16 So I'm going to proceed with
17 my questioning on this point.

18 Q Now, Dr. Ford, had you read
19 anywhere anything that would support the
20 proposition that medical records should be
21 redacted in the 730 examination process?

22 MS. CANFIELD: Objection as to
23 form. You can answer.

24 A I don't recall reading anything
25 specifically about 730 exams.

1 E. FORD, M.D.

2 Q What about the redaction of
3 medical records?

4 A Yes.

5 MS. CANFIELD: Objection as to
6 form. Go ahead.

7 Q What did you read about the
8 redaction of medical records?

9 A I don't know what -- I can't tell
10 you an article, but I do remember having
11 conversations about redacted medical records
12 when I was at Bellevue Hospital, as the
13 group delivering the records to the court
14 clinics, and that it's CHS -- I'm not sure
15 if it's CHS. I can't remember.

16 Q We're still dealing with the
17 interactions now with Ms. Yang and
18 Mr. Alberts, right?

19 Now, Mr. Alberts said that he
20 spoke to Erin again, and that Erin said that
21 Judge Torres is fine using the boilerplate
22 subpoena and understands its limitations.
23 However, he said that Dr. Kaye is refusing
24 to perform the examination until she
25 receives the entire unredacted record. It

1 E. FORD, M.D.

2 sounds like this problem is entirely unique
3 to her, at least with respect to Judge
4 Torres, right?

5 On the one hand, I'm glad that the
6 judge isn't the problem, but how do you
7 think we should approach provider, if at
8 all. In this case she's asking for
9 something she legally can't have. I don't
10 think it would be appropriate for us to
11 approach the patient and obtain an
12 authorization, and it's doubtful, his
13 attorney will either.

14 Now, I'm going to ask you
15 something. We've been discussing this. And
16 there has been some back and forth. Did you
17 ever take it upon yourself, Dr. Ford, to
18 read the law?

19 MS. CANFIELD: Objection as to
20 form. You can answer if you're
21 able.

22 A I remember looking at -- I believe
23 I reviewed the CPL 730 statutes, but I did
24 not review a law specific to redacted
25 records or tried to find one.

1 E. FORD, M.D.

2 Q Have you ever seen a law that
3 pertained to redacted medical records?

4 A Gosh. I don't know how to -- I
5 don't think so. I don't know how to answer
6 that. Like HIPPA, does HIPPA have stuff --
7 I mean, again, are we talking about just
8 730s?

9 Q We're talking about 730.

10 A Oh, yeah. I don't think so.

11 Q You have never seen anything that
12 mandated that 730 evaluators should have HIV
13 and substance abuse information redacted
14 from medical records, have you?

15 MS. CANFIELD: Objection as to
16 form. You can answer.

17 A I don't think I've ever seen a
18 law. I've just been advised by the various
19 counsel people.

20 Q You referenced Mr. Alberts.
21 Anyone else?

22 A There was a CHS -- no, just -- I
23 think -- I don't know if maybe the counsel
24 who followed him also. I recall
25 Mr. Alberts.

1 E. FORD, M.D.

2 Q Who was the counsel that followed
3 Mr. Alberts?

4 A I think it was Jonathan Wangel. I
5 think.

6 Q Jonathan Wangel was the counsel?

7 A I think so. Although it was --
8 I'm not sure if he was officially counsel.
9 He was an attorney. He also, I think,
10 managed labor. I don't know. I don't know.
11 He provided some advice.

12 Q Now, on February 1, 2018, you did
13 chime in, as you recall, and you say at this
14 point, I guess this is to Dr. Yang, does
15 Jeremy know about this. And are we
16 referencing Jeremy Colin?

17 A Yes.

18 Q Who was Jeremy to Dr. Kaye at this
19 point?

20 A I believe he was her supervisor.

21 Q So are you supervising Dr. Colin
22 yourself at that point?

23 A No.

24 Q So why are you involved in this if
25 this had nothing to do -- you weren't

1 E. FORD, M.D.

2 supervising the court clinics at this time,
3 right?

4 MS. CANFIELD: Objection as to
5 form.

6 A Correct.

7 Q You were not supervising the court
8 clinics at this time, were you, Dr. Ford?

9 A That's correct.

10 Q Why are you receiving this email,
11 even though you were not supervising the
12 court clinics at that time?

13 A I can't answer that. The email
14 was sent to me. I imagine this was in
15 thinking about the plans for the court
16 clinics to come over. I guess I can't -- I
17 can't tell you why.

18 Q Now, Ms. Yang was over the court
19 clinics at this time; am I right?

20 A No.

21 Q So why is she on this email, then?

22 A I don't know.

23 Q So then you say, "Absolutely
24 ridiculous demands on Kaye's part. Standard
25 practice in forensic evaluations is to use

1 E. FORD, M.D.

2 whatever records you have to form an opinion
3 and note any limitation in the formulation."

4 Where did you get that? Where is
5 that standard of practice?

6 A That's my understanding from the
7 time when I was running the NYU forensic
8 fellowship and working with people who do
9 these evaluations, and my own experience as
10 a fellow.

11 Q Did you read that anywhere?

12 A I don't know. I was certainly
13 taught that you use what you -- what's
14 available, you try to get whatever you can,
15 and then if that's not possible, you use
16 what's available to you. And if after that
17 you still cannot form an opinion, then you
18 note that to the court.

19 Q So you're not sure where you got
20 that information, but you said it was
21 standard practice; am I right, Dr. Ford?

22 MS. CANFIELD: Objection as to
23 form. You can answer.

24 A Sure. I was referring to standard
25 practice in my experience.

1 E. FORD, M.D.

2 Q But standard experience from
3 where?

4 A From my experience doing the 730s
5 in the Manhattan Court Clinic, from doing
6 them myself at these various places that I
7 mentioned before. And from being the
8 fellowship director at NYU, and talking with
9 other fellowship directors around the
10 country at various points during that time.

11 Q Now, Dr. Kaye has been doing
12 forensic evaluations longer than you have;
13 am I right?

14 A Yes.

15 Q And Dr. Kaye has been practicing
16 psychiatry longer than you have; am I right?

17 A I don't know -- I think that's
18 right. Yeah. I think that's right.

19 Q Now, when you left, Dr. Kaye had
20 been at the Bronx Court Clinic practicing
21 forensic psychiatry for at least 20 years;
22 am I right?

23 MS. CANFIELD: Objection as to
24 form. You can answer.

25 A Sure. When -- I'm sorry, when --

1 E. FORD, M.D.

2 I think she started -- when I was looking at
3 the emails, I think she started in 1999
4 maybe.

5 Q Right. And you left --

6 A Yeah. So that would be 20 years
7 or more.

8 Q Right. Right. And you said after
9 doing maybe forensic evaluations for perhaps
10 maybe, over a span of, what, 18 months, that
11 the standard practice, as far as you were
12 concerned, to use whatever records you had
13 at the time; is that right?

14 MS. CANFIELD: Objection as to
15 form. You can answer.

16 A Sure. I did 730 evaluations over
17 a longer period of time than 18 months.
18 But, yes, this is based on my experience
19 doing those evaluations and talking with
20 colleagues.

21 Q Did you ever speak to Dr. Kaye
22 about this yourself?

23 A I don't --

24 MS. CANFIELD: Objection as to
25 form. Go ahead.

1 E. FORD, M.D.

2 A No. Nor would I have. She was
3 not somebody that reported to me at that
4 time.

5 Q Even though she didn't report to
6 you at that time, you say, "In any case,
7 Kaye has been a problem for a long time and
8 we will manage her out." So let's break
9 that down.

10 You said that Kaye has been a
11 problem for a long time, right. And earlier
12 you said that you had heard from colleagues
13 at Bellevue that her working relationship
14 with others is problematic; am I right?

15 A I don't believe I said colleagues
16 at Bellevue, but I did say the other stuff.

17 Q The working relationship with
18 others, what are you referencing then?

19 A I had received -- when I was at
20 Bellevue, in the director of division role,
21 I had received concerns -- I don't -- I'm
22 not sure if they ever -- say concerns from
23 training directors who had trainees that
24 went to the Bronx Court Clinic, saying that
25 they were concerned about having their

1 E. FORD, M.D.

2 trainees work with Dr. Kaye. And there
3 was -- I do remember there was -- I can't
4 remember the details, but there was some
5 sort of personnel thing that happened with a
6 psychologist who was working there. I don't
7 know if maybe as an intern. And, again, as
8 I mentioned before, I was frustrated when I
9 wrote this email.

10 Q I'm going to ask you, you said
11 there were people who had problems sending
12 their trainees to work with Dr. Kaye. Do
13 you remember these people?

14 A I do. Well, two of them.

15 Q Who were they?

16 A One was the director of psychology
17 at Bellevue named Allen Elliot.

18 Q And who else?

19 A And one was a fellowship director
20 at Albert Einstein named Merrill Rotter
21 (phonetic).

22 Q Can you say the name again.

23 A The last one?

24 Q Merrill?

25 A M-E -- I don't know how to spell

1 E. FORD, M.D.

2 his first name, actually. Rotter,

3 R-O-T-T-E-R.

4 Q So these two doctors said that
5 they did not want to send their trainees to
6 work with Dr. Kaye; is that right?

7 MS. CANFIELD: Objection as to
8 form.

9 A No. I said that they had concerns
10 about it.

11 Q So what were the concerns exactly?

12 A I don't recall the details. I
13 remember it had to do with interpersonal --
14 I think it had to do with interpersonal
15 stuff.

16 Q What do you mean interpersonal
17 stuff?

18 A Professionalism, I think.

19 Q What do you mean?

20 A Again, I'm sorry I can't be more
21 detailed than that. This is from a long
22 time ago.

23 Q Did you ever speak to Dr. Kaye
24 about these allegations that these doctors
25 were reluctant or had concerns about sending

1 E. FORD, M.D.

2 trainees to her?

3 A I don't think I did.

4 Q Why not?

5 A I recall being satisfied with her
6 work and with her knowledge of what she was
7 doing. And I -- the details about what I
8 was hearing were not, I guess they didn't
9 rise the level for me where I felt like I
10 needed to step in.

11 Q And then you said there were
12 professional questions or issues with her
13 professionalism. Do you remember what that
14 was?

15 A No. I'm sorry. I'm mostly
16 just -- I guess what I'm saying is that I
17 don't recall the complaints being anything
18 related to the actual work. Like, the way
19 she does the work.

20 Q And then you say again personnel
21 working as a psychologist, right?

22 So, like, you know, did she have
23 other personnel issues? There was another
24 personnel issue you referenced, I'm sorry.
25 What was that?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection as to
3 form. You can answer.

4 A Another -- I'm not -- I don't
5 recall any others other than those two, I
6 don't know.

7 Q You said that there was someone
8 who she had personnel issue. Do you
9 remember who that was?

10 A Oh, who the psychologist was at
11 the court clinic?

12 Q Yes.

13 A I don't remember. I think it was
14 a woman. I don't remember her name.

15 Q Do you remember the issue?

16 A No. Sorry.

17 Q Did Dr. Kaye have a disciplinary
18 history during this time period where you
19 were the medical -- the director from 2009
20 to 2014?

21 A I don't recall ever being involved
22 in any kind of discipline with Dr. Kaye.

23 Q So you didn't see anybody writing
24 her up or anything like that; am I right?

25 A I didn't see anybody write her up.

1 E. FORD, M.D.

2 I can't tell you -- I don't remember if I
3 heard that somebody had done it at some
4 point.

5 Q Dr. Ford, you were her direct
6 supervisor at the time?

7 A It's true. It's also like a
8 decade ago. I just don't remember.

9 Q But if you were her direct
10 supervisor at that time, and you got these
11 complaints about her, I think it would be,
12 especially if you said that she's been a
13 problem for a long time, right. I think you
14 would remember if you wrote her up, wouldn't
15 you?

16 MS. CANFIELD: Objection.
17 Argumentative. You can answer.

18 A Right. So as I said, I don't
19 recall myself writing her up.

20 Q Well, who else did, if you didn't?

21 A I don't know if the people in the
22 psychology, I don't know if the
23 psychologist. I don't know.

24 Q Who could have written her up if
25 you didn't, Dr. Ford?

1 E. FORD, M.D.

2 A Well, maybe we're having two
3 different meanings of written up.

4 Q If you're talking about someone
5 being problematic or a bad employee, right,
6 that usually falls under purview of the
7 supervisor, which would have been you at
8 that time, to write her up; am I right?

9 MS. CANFIELD: Objection as to
10 form, argumentative. You can
11 answer.

12 A Sure. So I do not recall issuing
13 any kind of discipline to Dr. Kaye.

14 Q Now, you said, "We will manage her
15 out." Now, you said that you were not her
16 supervisor at that time. You are
17 representing to, I guess Ms. Yang, that
18 you're going to manage her out. How is
19 that?

20 MS. CANFIELD: Objection as to
21 form. You can answer.

22 A Sure. So at this point, we are
23 aware that the clinics will be coming over
24 to the Correctional Health. And so I am
25 aware that at some point, if Dr. Kaye

1 E. FORD, M.D.

2 chooses to, she will be part of Correctional
3 Health Service.

4 So that's the we part of it, I
5 guess. And, again, as I described earlier,
6 what I meant by managing her out is that if
7 she's not able to follow policies that we
8 have, then we will pursue progressive -- you
9 know, we will -- I can't remember the exact
10 terms but.

11 Q We'll get rid of her; is that
12 right?

13 A No --

14 MS. CANFIELD: Object to the
15 form.

16 A No. That is not what I meant.

17 Q So whenever I hear that Uber
18 director posted will send around links to
19 forensic psych world and send first
20 candidate Ross' way for second opinion as
21 well.

22 Now, are you seeking above her at
23 this point between you and Dr. Kaye, is that
24 what this means, this second part of your
25 email?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection as to
3 form. You can answer.

4 A Absolutely not.

5 Q What do you mean by that?

6 A So we had created a director of
7 the court clinics position. That's what
8 Uber director means. And I was very
9 interested in having that person on board
10 prior to the court clinics, all of them
11 coming over. Yeah. I was managing a 500
12 plus service in the jail.

13 Q So, now, this Uber director, was
14 that Dr. Jain?

15 A Yes. He's the one who was hired.

16 Q Okay. This email is written in
17 February of 2018. The Bronx Court Clinic
18 doesn't become a part of CHS until when?

19 A I think that was July 1st of 2018.
20 I think so. I left the end of June for a
21 leave, but I believe that was the scheduled
22 date.

23 Q So why did you go leave at the end
24 of June?

25 A I took a leave of absence from

1 E. FORD, M.D.

2 Correctional Health, to spend time with my
3 family and take care of my health.

4 Q So something was wrong with you at
5 that time?

6 MS. CANFIELD: Objection as to
7 form.

8 A Well, I had to take care of my
9 health.

10 Q You have talked about burnout at
11 some of your speeches in Columbia
12 University. Were you experiencing burnout
13 at that time, in June of 2018?

14 A Yeah, probably.

15 Q And when you say "burnout," what
16 do you mean, Dr. Ford?

17 A I mean feeling like, for me
18 particularly, I have experienced it before.
19 It feels like having less energy, feeling
20 less creative, not wanting to be at work in
21 the same kind of way as I'm used to.
22 Sleeping poorly, being irritable with my
23 family.

24 Q Now, had you experienced burnout
25 prior to this June 2018 incident?

1 E. FORD, M.D.

2 MS. CANFIELD: Object to the
3 form. You can answer.

4 A Sure. Yes. I believe that I
5 have.

6 Q When?

7 A I believe that was in 2007, when I
8 left the job at Bellevue as the unit chief.

9 Q Did you experience burnout after
10 you left CHS?

11 A In the past year there have been
12 times when I have felt burned out, although
13 not persistently.

14 Q So you say in the past while you
15 were at CASES?

16 A Correct.

17 Q Did you take a leave of absence
18 any other time than June of 2018, when you
19 were at CHS?

20 A I took -- yes. I took a leave to
21 get my hip replaced in, when was that,
22 December of 2016.

23 Q Now, when did you come back from
24 your leave of absence in June of 2018?

25 A I don't recall the exact date, but

1 E. FORD, M.D.

2 I believe it was in September of that year.

3 Q So, but by that time the court
4 clinics had been transitioned over to you,
5 over to CHS?

6 A Yes.

7 Q Fully?

8 A Yes. I think so.

9 Q Now, I'm going to ask you this, if
10 you were burnt out, were you looking for
11 other jobs, Dr. Ford, during that time
12 between June of 2018 and September of 2018?

13 A I was not.

14 Q So you wanted to come back to CHS,
15 you just needed a break; is that right?

16 A Yeah. That's a -- I had some
17 health issues, but, yes, I was planing to
18 come back.

19 Q I'm sorry to hear that.

20 So now I'm going to go into
21 your -- I guess Ms. Yang's response to you
22 after you say the managing out.

23 "Maybe the last 20 will do it.

24 That was some performance. Doubt Jeremy
25 knows given what I understand is his

1 E. FORD, M.D.

2 remove."

3 Now, what is Dr. Yang saying about
4 his remove, what does she mean by that?

5 A I don't know. I read that also in
6 this review, and I don't know what that
7 means, actually.

8 Q "I only found this by shallow
9 digging. Sadly dragging MOCJ to learn that
10 the word had it that the judge might hold
11 the City in contempt. And it turns out it
12 is Dr. Kaye's own cyclone that has sucked in
13 detritus.

14 Do you remember this language?
15 It's quite artful.

16 A I remember reviewing this email.

17 Q Dr. Collin does not stay in his
18 capacity much longer than this; am I right?

19 A You mean in his management of the
20 court clinics?

21 Q Yes.

22 A He would have stopped that when
23 they went to Correctional Health. So I
24 guess July.

25 Q July. So he's removed basically,

1 E. FORD, M.D.

2 right?

3 MS. CANFIELD: Objection as to
4 form. You can answer.

5 A Sure. I don't know what that
6 means. He was in the -- my understanding is
7 that until July 1st, he was the clinical
8 supervisor for the Bronx Court Clinic.

9 Q Well, either -- she mentioned --
10 Dr. Yang or Ms. Yang basically says that
11 Jeremy knows given what I understand is his
12 remove. So he was the court clinic director
13 in February, but was no longer the court
14 clinic director in July; am I right?

15 A Yes. That is correct.

16 Q And then Dr. Jain becomes court
17 clinic director in April of 2018?

18 A So this is -- it was a confusing
19 transfer, because not all the court clinics
20 came at the same time.

21 So Dr. Jain was the court clinic
22 director for, I believe for Brooklyn and
23 Queens, because they came over in April.
24 And Dr. Collin continued to be the director
25 for Manhattan and the Bronx. And then when

1 E. FORD, M.D.

2 all four of them were under Correctional
3 Health, then they were all under Dr. Jain.

4 Q So why wasn't -- why didn't
5 Dr. Collin assume supervision over all four
6 of the court clinics rather than hire
7 someone else? Hired Dr. Jain.

8 A Dr. Collin worked at Bellevue
9 Hospital, not Correctional Health Services.

10 Q But why couldn't he decide to --
11 why wasn't the decision made to have Dr.
12 Collin preside over all the court clinics
13 rather than hire someone else?

14 A You mean like have all of them
15 under Bellevue?

16 Q Yes.

17 A I can't answer that. I don't
18 know.

19 Q Did you participate in any of
20 those discussions?

21 A I did not.

22 Q How did you think Dr. Collin was
23 as a manager?

24 A I actually didn't have much
25 knowledge about him as a manager. I

1 E. FORD, M.D.

2 interacted with him very rarely, and
3 primarily around issues of hospitalization
4 of people in the jail.

5 Q In the efforts to have the Uber
6 director, did you ever engage Dr. Collin or
7 actually approach him about becoming an Uber
8 director?

9 A I told him -- I sent him the job
10 description to see if he knew of anybody
11 that might be interested.

12 Q Why not him? It would have been a
13 smoother transition. You're already
14 managing at least two of the clinics, right?

15 MS. CANFIELD: Objection as to
16 form. You can answer.

17 A Sure. It would have been a
18 significant demotion for him.

19 Q Oh, it would have?

20 A Yeah. In my opinion. Because he
21 was at that time managing the entire
22 division of forensic psychiatry at Bellevue
23 Hospital, which is a pretty prestigious
24 position. And to become the director of the
25 court clinics for Correctional Health

1 E. FORD, M.D.

2 Services, I think might have been a demotion
3 (Mark).

4 Q So I'm going to ask you some --
5 I'm going to show you another exhibit. This
6 goes back to your time where you were
7 managing Dr. Kaye from 2009 to 2014.

8 Now, you said that she was -- you
9 had no problems with her performance; am I
10 right?

11 A Yeah. I don't recall any.

12 Q Now, would you say that she was --
13 you said you didn't remember if you
14 evaluated her, right?

15 A Yes. I did say that.

16 Q But you said you did evaluate her,
17 right?

18 A No. I don't remember if I
19 evaluated her or not.

20 Q You don't remember at all. But
21 you also said that, you know, she was a good
22 employee. So I'm going to bring up this,
23 because you said that she had been a problem
24 for a while. Now we're trying to figure out
25 exactly when she became a problem, or if she

1 E. FORD, M.D.

2 was ever a problem, right.

3 I'm trying to figure out the basis
4 of your statement, that she had been a
5 problem for a while, when you made that
6 statement in 2018. Okay. So what I'm going
7 to do is to have you share the screen again.
8 Now, these are some of Dr. Kaye's
9 performance evaluations, right? Do you
10 remember seeing this, Dr. Ford?

11 A No. But that looks like my
12 handwriting.

13 Q That would be your handwriting.

14 So this one says December 2009,
15 right? I'm going to scroll through it so
16 that you have an opportunity to look at it.

17 MS. HAGAN: I haven't produced
18 this yet, counsel, but I will.
19 After post deposition today.

20 MS. CANFIELD: I'm sorry. You
21 have not produced this?

22 MS. HAGAN: I have not.

23 MS. CANFIELD: Is there a
24 reason why you have not? This would
25 have been part of the initial

1 E. FORD, M.D.

2 disclosures I would have thought.

3 MS. HAGAN: Well, I didn't

4 have them at the time.

5 Q At the time when you were her
6 supervisor, were you required to do annual
7 evaluations?

8 A Yeah. I think, yes.

9 Q Now, for the December 2009
10 evaluation, I'm going to scroll down a
11 little bit, okay?

12 A Okay.

13 Q You clearly are initialing -- I
14 guess this would be on January 4, 2010. You
15 see that, right?

16 A I do.

17 Q Now, you say, generally how would
18 you rate this practitioner's skills and
19 competence in their overall performance.
20 And you say overall performance, acceptable,
21 right?

22 A That's checked, yes.

23 Q And then you say Dr. Kaye is easy
24 to work with, highly skilled and dedicated
25 to her service; is that right?

1 E. FORD, M.D.

2 A That's what I wrote.

3 Q Now, this is in 2010, right?

4 MS. CANFIELD: Objection as to
5 form. You can answer.

6 A I believe the evaluation was done
7 in 2009.

8 Q Well, no. The date says 2010,
9 January 4 -- January 6, 2010. You see that?

10 MS. CANFIELD: Objection as to
11 form. You can answer, Dr. Ford.

12 A Sure. So there -- my
13 understand -- it's a month difference. I
14 did the review of the charts on January 6,
15 and then -- yeah. I guess this was the
16 December eval that I did in January.

17 Q Now, we go down further.

18 Now, this is a professional
19 practice evaluation. The year is from
20 July 2012 to December 31, 2012.

21 You see that, right?

22 A I do.

23 Q This is your handwriting; is that
24 right, Dr. Ford?

25 A Yes. The Melissa Kaye, forensic

1 E. FORD, M.D.

2 psychiatry, that's definitely mine. Yeah,
3 that looks like mine.

4 MS. CANFIELD: Ms. Hagan, is
5 this another document that you have
6 not turned over to Defendants?

7 MS. HAGAN: You will have it
8 at the close of deposition. Like, I
9 got the documents this morning from
10 you.

11 MS. CANFIELD: Okay. No.
12 This document did not come from me.

13 MS. HAGAN: I'm just
14 documenting that you gave me at
15 least six sets of documents this
16 morning at 9:40 a.m. So, yes,
17 you'll get them at -- my documents.

18 MS. CANFIELD: Okay.

19 Q January 10, 2013, you see that's
20 the time -- that's when you actually filled
21 out the evaluation?

22 Could you say yes for the record,
23 please.

24 A Yeah. I was just thinking about
25 the answer. Yes.

1 E. FORD, M.D.

2 Q Now, I'm going to scroll to the
3 end again. And it says, again, generally
4 how would you rate this practitioner's
5 skills and competence in their overall
6 performance, right. And you say again,
7 acceptable; am I right?

8 A Yup.

9 Q And then you have, general
10 comments, Dr. Kaye continues with her
11 excellent leadership in quality of forensic
12 evaluations at the Bronx Court Clinic.

13 You see that, right?

14 A I see that.

15 Q Now, you said that she was a
16 problem -- now, you said that you stopped
17 working in that capacity as director of CHS
18 at Bellevue in 2014; am I right?

19 A No. Not CHS. But I stopped
20 working at Bellevue at the forensic division
21 in 2014.

22 Q Right. And then you resume
23 in 2018, right?

24 MS. CANFIELD: Objection as to
25 form.

1 E. FORD, M.D.

2 A I'm sorry, in 2000 what?

3 Q You resume management of the court
4 clinics in 2018?

5 A Yes. I mean -- yeah.

6 Q Right. So when did Dr. Kaye
7 become a problem?

8 MS. CANFIELD: Objection as to
9 form. You can answer.

10 A Sure. Sorry. Just as I mentioned
11 earlier, these were -- the comment was that
12 I made in the email was related to these
13 concerns that have been expressed by others,
14 that I imagine I didn't feel rose to the
15 level of putting on a performance
16 evaluation, or else I would have done that.

17 Q But you didn't believe that -- you
18 didn't believe that in 2013, right? You
19 leave the -- in 2013, you clearly didn't
20 believe that Dr. Kaye had issues with
21 leadership or issues with getting along with
22 people, because you didn't write that in her
23 performance evaluation; am I right?

24 MS. CANFIELD: Objection as to
25 form. You can answer.

1 E. FORD, M.D.

2 A I don't -- I mean, I don't -- I
3 believed at the time that she had excellent
4 leadership, and I think I wrote good
5 evaluation -- I can't -- you'll have to pull
6 it up again, but what I wrote there is what
7 I believe. Now, I also --

8 Q -- quality of forensic eval --

9 MS. CANFIELD: Excuse me,
10 Ms. Hagan. The witness was still
11 talking. You're talking over her.
12 Can she finish her response, please.

13 MS. HAGAN: I was asking her
14 what she said?

15 MS. CANFIELD: Well, can she
16 finish her response, please. This
17 is not the first time you've talked
18 over her.

19 Can she finish her response,
20 please. Thank you.

21 Q Go ahead, Dr. Ford.

22 A That's okay. I was just going to
23 reiterate that I had heard these comments,
24 and I guess at the time that I was filling
25 her evaluation I didn't feel like it had

1 E. FORD, M.D.

2 affected -- like her work reports that I
3 reviewed I thought were good.

4 Q Was there ever a time that
5 Dr. Kaye stepped up and filled in for the
6 Manhattan Court Clinic when there was a
7 shortage of staff?

8 MS. CANFIELD: Objection as to
9 form. You can answer.

10 A I don't know. I don't know. I
11 can't remember.

12 Q You don't remember whether or not
13 Dr. Kaye went above and beyond her job, and
14 worked from home to basically fill in with
15 the Manhattan Court Clinic?

16 A I don't remember.

17 Q You don't remember. So you're not
18 sure if -- you don't remember Dr. Kaye
19 helping or assisting you when you had
20 problems or I guess issues with the
21 management at the Manhattan Court Clinic?

22 MS. CANFIELD: Objection as to
23 form. You can answer.

24 A Yeah. I don't remember anything
25 specifically. Yeah. I don't remember.

1 E. FORD, M.D.

2 Sorry.

3 Q No problem.

4 Dr. Ford, when did your impression
5 of Dr. Kaye change?

6 MS. CANFIELD: Objection as to
7 form. You can answer.

8 A Sure. My impression about what?
9 It never changed about the quality of her
10 exams.

11 Q What about the quality of her
12 leadership?

13 A I don't know if that ever changed.
14 I don't think that changed either.

15 Q What about her interactions with
16 other employees?

17 A There was -- so I had, again,
18 whatever I was hearing, I wish had details,
19 at Bellevue, but I -- there was a time at
20 CHS, and I know this was in some of the
21 emails a little bit, but I can't remember
22 when exactly -- that there was a -- I think
23 there was a comment that there was an
24 interaction between Dr. Kaye and the
25 administrative, the head of operational lead

1 E. FORD, M.D.

2 for the clinics, that was unprofessional.

3 And that concerned me. Maybe that was 2019.

4 I can't remember.

5 Q Did you ever have any dispute with
6 Dr. Kaye?

7 MS. CANFIELD: Objection as to
8 form. You can answer.

9 A Not that I'm aware of.

10 Q Did you ever feel the need to
11 discipline Dr. Kaye?

12 A I felt the need to report to
13 our -- when I was at Correctional Health,
14 this was in 2019, I think, I did feel the
15 need to report to -- I think it was HR or
16 labor, I don't know, about the -- what I
17 heard was an unprofessional interaction,
18 that I just referenced, and also about an
19 audio recording that had been done in the
20 clinic. So that's --

21 Q So I'm going to go back. I'm
22 going to stop you right there. I have some
23 other questions about Dr. Kaye's performance
24 and, honestly, her interactions with
25 Dr. Jain.

1 E. FORD, M.D.

2 Did Dr. Jain ever complain to you
3 about Dr. Kaye?

4 A Did he complain -- no.

5 Q Did you ever express concern about
6 Dr. Jain's performance evaluations as it
7 pertained to Dr. Kaye?

8 MS. CANFIELD: Objection as to
9 form. You can answer if you're
10 able.

11 A So, again, my review of the
12 emails, to sort of refresh my memory, that I
13 believe the -- I think it was a 2019
14 evaluation, Dr. Jain had -- I believe
15 Dr. Jain had rated Dr. Kaye as competent in
16 a couple of areas. Which, at least from my
17 history with her, I was just struck by it,
18 and I thought that needed more explanation.

19 Because I think -- if I can
20 remember, I think it's like competent and
21 then it's exceeds expectation or something
22 like there are higher ones above competent.
23 So I had questions about that. He and I
24 talked about that.

25 Q So Dr. Jain never complained to

1 E. FORD, M.D.

2 you about Dr. Kaye or his interactions with
3 Dr. Kaye?

4 MS. CANFIELD: Objection.

5 Asked and answered. You can answer
6 again.

7 A Yeah. He did not complain to me.
8 He was -- we did meet for supervision once a
9 week. And he would tell me concerns that
10 Dr. Kaye had shared with him.

11 Q What concerns did he share with
12 you?

13 A So I'll try to think of some
14 examples. There was some when I came back
15 from leave about time. And she had -- he
16 said that she had expressed some -- about
17 some of the policies we were working on.
18 That she had concerns about him -- I think
19 it was him supervising somebody else in the
20 clinic. I recall something about sitting in
21 on examinations. Those are the things that
22 come to mind right now.

23 Q So I'm going to ask you some, I
24 guess, preliminary questions.

25 When you were Dr. Kaye's

1 E. FORD, M.D.

2 supervisor between 2009 and 2014, how often
3 would you interact with her?

4 A Oh, not often. I think we had an
5 annual division meeting. I can't remember
6 how frequently that was, actually. There
7 was some annual division -- there was some
8 division meeting where I meet with her as a
9 group. Individually, I think at some
10 point -- I'm having a vague recollection at
11 some point I think we tried to have monthly
12 meetings.

13 Q So you may have met with her
14 monthly back when you were her supervisor
15 from 2009 to 2014, but you're not sure,
16 right?

17 A Correct.

18 Q And then when you became her
19 indirect supervisor again in 2018, right,
20 how often would you say that you interacted
21 with her?

22 A As needed. And that would
23 probably be -- she and I had a couple of
24 individual meetings at her -- I think they
25 were at her request. And she was part of

1 E. FORD, M.D.

2 a -- and then there were director meetings.

3 I can't remember how frequently those were.

4 I don't know.

5 Q Now, at any point did Dr. Kaye

6 become apart of a work group?

7 A I -- in 2018, prior to the court

8 clinics coming over, I emailed Dr -- I think

9 it was Dr. Collin and Dr -- I can't

10 remember. It must have been somebody at

11 Kings County, asking if they had any

12 recommendations or anybody interested from

13 the court clinics who would want to be part

14 of the work group, to think about just sort

15 of the practice of the 730 exams.

16 Q Now, I'm going to open the email

17 that you alluded to earlier, about your

18 concerns that you had about Dr. Jain's

19 completion of evaluation, right. And I want

20 to ask you some questions on that. And that

21 will be Plaintiff's Exhibit 3. And it bears

22 the Bates Stamp series NYC1368 to 1369.

23 THE WITNESS: Can we take a

24 break after this?

25 MS. HAGAN: Sure.

1 E. FORD, M.D.

2 I'm going to share the screen.

3 (Whereupon, Email (NYC
4 1368-1369) was marked as
5 Plaintiff's Exhibit 3 for
6 identification as of this date.)

7 Q Dr. Ford, I'm going to start you
8 at the beginning of the email thread.

9 Now, here is an email from you to
10 Dr. Jain on February 21 of 2019.

11 You see that, right?

12 A I do.

13 Q Is this a list of everybody who
14 would have been under the purview of CHS in
15 the court clinics at this time?

16 A Is there more to that email?

17 Q Okay.

18 A So looking at the size of this, I
19 believe these are only the outstanding
20 evaluations. This doesn't look like the
21 entire court clinic staff.

22 Q How many more people would you say
23 would have been on this list?

24 A Sorry. And this is -- if I could
25 see the subject. You know, it says, for you

1 E. FORD, M.D.

2 and your clinic leaders. Well, let's see.

3 I'd have to go through each of these.

4 Well, actually, now that I look at
5 it more closely, it looks -- and these are
6 just -- these look like just the evaluations
7 of the evaluators, not the admin staff. So
8 maybe -- I don't know if this was everybody,
9 but it's probably most everybody.

10 Q Dr. Winkler is not on this list.

11 A Well, then his evaluation must
12 have already been done. Because it says
13 here that have not yet been received.

14 Q So I'm going to ask you, why are
15 some of the names in caps and then others
16 aren't?

17 A You mean, why is Dr. Jain and
18 Dr. Mundy in caps a few times?

19 Q For example, with the entry for
20 Dr. Brayton, right, you have Dr. Jain's, I
21 guess, name in caps. Why is it in caps
22 there and not in the other entries?

23 A Yeah. So this was a cut and paste
24 from Excel 5 that I got from HR. And I
25 imagine this has happened very frequently in

1 E. FORD, M.D.

2 all those files, I think some people who
3 enter the data use caps and some people
4 don't.

5 Q That's your explanation, not that
6 these had already been completed?

7 A Correct.

8 Q You're representing that because
9 Dr. Winkler is not on this list, that his
10 had been completed; is that your testimony?

11 A I imagine that that's correct
12 because this was -- I was just sending
13 Dr. Jain the evals that had not yet been
14 received.

15 Q So this is February 21, 2019. So
16 let's just make a note of that.

17 MS. CANFIELD: Ms. Hagan, do
18 you think we can take a break now?

19 MS. HAGAN: I'd like to finish
20 this line of questioning before we
21 take a break.

22 MS. CANFIELD: That's fine.

23 Q So then, Dr. Ford, then there's an
24 email from Dr. Jain to you on the 26th of
25 February, saying, "Hi, Elizabeth, here are

1 E. FORD, M.D.

2 the test evaluations for the directors.

3 Dr. Kaye, Mundy, Owen and Winkler." Right.

4 So if the people on this list had
5 not been completed, why are they on this
6 list of people to be completed?

7 A So the list I sent to Dr. Jain was
8 from February 21.

9 Q Right.

10 A And then it looks like five days
11 later he's sending me evaluations for these
12 people. Yeah.

13 Q Winkler wasn't on this list. You
14 said just now that the reason why Winkler
15 wasn't on this list is because she had
16 completed his evaluation. But clearly, he
17 hadn't. He's saying that he sent it to you.

18 A So I don't think that's clear.
19 Every evaluation that Dr. Jain has to do,
20 the procedure was that I needed to review
21 his evaluations of others.

22 So I don't actually know when
23 Dr. Winkler's evaluation was completed.
24 Dr. Jain appears to have bundled all four
25 director evaluations into one email for me.

1 E. FORD, M.D.

2 So I don't know when Dr. Winkler's eval was
3 completed.

4 Q Dr. Kaye's briefer due to less
5 opportunities to collaborate compared to the
6 other directors. I also have Drs. Owen and
7 Kaye as annual, and Drs. Mundy and Winkler
8 as probation because they are newer to those
9 director positions. Right? So please let
10 me know what you think. After your review I
11 will send their evaluation to you to review.
12 And then, you know, you're going back and
13 forth.

14 Going back to this list, Dr. Mundy
15 is on this list as well. So if these are
16 people who he hasn't completed, why would
17 Dr. Mundy be on this list?

18 MS. CANFIELD: Objection as to
19 form. You can answer.

20 A So I'm not sure how I can -- so
21 this list here appears to be the list of
22 evals that haven't been received by HR. I
23 don't know the status of if they have been
24 completed or not, but HR has not received
25 them. And HR can't receive them until --

1 E. FORD, M.D.

2 well, I mean, by policy. HR is not supposed
3 to receive them until I have reviewed them.

4 So then Dr. Jain's followup email
5 is sending me a batch of the evaluations
6 that I have to review before they can go to
7 HR one day before the deadline.

8 Q And then you respond back to
9 Dr. Jain. "Owen, Mundy and Winkler look
10 fine, right? I think Melissa is as strong
11 as the others in some areas, yet is rated as
12 competent in most and without comment.
13 Suggest that if you find her to be competent
14 in some areas where other less experienced
15 directors are excellent or superior. You
16 provide some comments about how to improve.
17 I know this is a challenging process, but it
18 is striking that the other three have lots
19 of comments and hers doesn't. I'm happy to
20 read comments in advance or we can talk
21 tomorrow.

22 So there's a lot to uncap here.
23 First and foremost, you have determined,
24 from your interactions with Dr. Kaye, that
25 she's as strong as some of the other

1 E. FORD, M.D.

2 directors in some areas, but she's rated
3 competent.

4 Why did you feel compelled to
5 raise that issue?

6 MS. CANFIELD: Objection as to
7 form. You can answer.

8 A With Dr. Jain?

9 Q With Dr. Jain about Dr. Kaye.

10 A Yes. Because I wanted to make
11 sure that the evaluation was as fair as
12 possible.

13 Q At that time, were you aware that
14 Dr. Jain had filed an EEOC complaint against
15 you and/or CHS?

16 A I don't know.

17 Q Hadn't Dr. Kaye complained to you
18 about pay parity and a shift change?

19 A I do recall that Dr. Kaye had
20 written -- she and I had spoken once or
21 twice about that, and I know that she had
22 been concerned about those issues. I had
23 heard about that at least since I had gotten
24 back from leave.

25 Q You said you spoke to Dr. Kaye

1 E. FORD, M.D.

2 once or twice about that. Now, what is
3 that? Are you --

4 A Oh, sorry. About -- we had a --
5 she wanted to talk with me after I got back
6 from leave about a few things, including the
7 time -- I think it was something about -- it
8 was about an educational leave for her board
9 exam, and a decision that had been made
10 while I was on leave about her hours, like
11 the shift. And she had concern -- she also
12 I believe expressed concerns that she
13 thought Dr. Jain was -- she was having
14 trouble like feeling that Dr. Jain was -- I
15 can't remember the exact words. Again,
16 something like the relationship with
17 Dr. Jain wasn't going well.

18 Q Now, are you testifying that
19 Dr. Kaye only brought pay parity concerns to
20 your attention while you were her manager
21 under CHS the second time?

22 A No. I did not say that.

23 Q Okay. Did she raise pay parity
24 issues with you when you were her supervisor
25 from 2009 to 2014?

1 E. FORD, M.D.

2 A I believe she did, yes.

3 Q And what happened?

4 A I spoke -- I can't remember when
5 she did that. I don't know when in that
6 time frame, but she did speak with me about
7 that. I recall having -- I can't tell you
8 how many, more than one discussions with my
9 supervisor at the time about her concerns.
10 I recall that things were going very slowly.

11 I wasn't responsible, I
12 couldn't -- I had a hard time figuring out
13 how to be involved with the finance issues
14 and HR. That wasn't something that I
15 controlled in that position. So things were
16 going slow in that regard. I encouraged
17 Dr. Kaye to reach out to my supervisor
18 directly, as I always do.

19 Q And this is Dr. Badaracco?

20 A Correct. And I --

21 Q I'm sorry.

22 A No. Go ahead.

23 Q It's a delay. I'm sorry. I
24 apologize, Dr. Ford.

25 A That's okay. I was finished. It

1 E. FORD, M.D.

2 was Dr. Badaracco.

3 Q So Dr. Batarocco. And then you --
4 but ultimately her issues, Dr. Kaye's issues
5 about a pay parity were not addressed at
6 that time; is that right?

7 MS. CANFIELD: Objection as to
8 form. You can answer.

9 A I don't -- I can't tell you that
10 for sure. I don't recall leaving that
11 position and having a memory that it was
12 resolved for her.

13 Q And then Dr. Kaye then brought pay
14 parity up again while you were her manager
15 or indirect supervisor at CHS in 2018, this
16 last stint?

17 MS. CANFIELD: Objection as to
18 form. Is that a question or is that
19 a statement?

20 MS. HAGAN: No. I'm asking
21 her.

22 Q You brought it up again after you
23 became chief of psychiatry at CHS?

24 A I don't recall a specific time,
25 but I have a vague recollection that prior

1 E. FORD, M.D.

2 to the transfer -- so this would have been
3 pre-July 1st, it had been raised. I think
4 she was also concerned about retention bonus
5 and union -- oh, yeah, yeah, sorry. Now I'm
6 remembering. Yes. She did bring it up to
7 me prior, and I can't remember if she
8 brought it up after I returned from leave.

9 Q Did you believe that Dr. Kaye was
10 being paid fairly in comparison to the other
11 forensic evaluators?

12 MS. CANFIELD: Objection as to
13 form. You can answer.

14 A At the time -- let's see. Hold
15 on. Let me try to recall here.

16 I remember thinking that she was
17 paid less than the other MD director. So
18 there were two other clinic directors or
19 psychologists and there was a significant
20 pay difference there, between MDs and PHDs.

21 With respect to the other MD in
22 another clinic, the other MD -- oh, no,
23 wait. No. I'm sorry. Hold on. When I was
24 at -- sorry. Is this specifically about CHS
25 or Bellevue?

1 E. FORD, M.D.

2 Q Either one. 'Cause there's
3 documents here that she was paid less than,
4 right?

5 MS. CANFIELD: Objection as to
6 form. You're testifying.

7 Q Let's talk about Dr. Ciric first.
8 She was paid less than Dr. Ciric; is that
9 right?

10 MS. CANFIELD: Objection as to
11 form. You can answer.

12 A My recollection is that -- and
13 this is from the Bellevue time. My
14 recollection is that she was paid less than
15 Dr. Ciric. And that that was the issue that
16 I was advocating for to resolve.

17 Q And it was never rectified; is
18 that right?

19 A I don't know if it was ever
20 rectified. I don't recall it being
21 rectified prior to my departure.

22 Q Do you feel that it was fair that
23 Dr. Kaye was paid less than Dr. Ciric?

24 MS. CANFIELD: Objection as to
25 form. You can answer.

1 E. FORD, M.D.

2 A I was told that because of the
3 hiring date and the way that salaries
4 increase with cost of living over the years,
5 that -- and the relatively slow rate of
6 increase for people's salary when they stay
7 in service, that it related to hiring date.
8 I did think it was important to have parity
9 with salaries for people who are in similar
10 positions.

11 Q So you did think it was unfair
12 that she --

13 MS. CANFIELD: Objection.

14 MS. HAGAN: I didn't finish my
15 question.

16 Q Do you think it was unfair that
17 Dr. Kaye was paid less than Dr. Ciric at
18 that time?

19 MS. CANFIELD: Objection as to
20 form. You can answer.

21 A Sure. I don't know enough about
22 it to be able to tell you if it was fair or
23 not. It felt like -- I couldn't -- at the
24 time I don't recall having a good sense that
25 there was a reason that I could understand

1 E. FORD, M.D.

2 for the difference.

3 Q Why was Dr. Kaye in the lower
4 civil service title than Dr. Ciric?

5 MS. CANFIELD: Objection as to
6 form. You can answer.

7 A Sure. I wasn't aware that she
8 was. I don't know.

9 Q Dr. Kaye was an attending
10 physician, do you remember that?

11 A Well, I think all of the people,
12 all the doctors who worked for Bellevue were
13 attending physicians at residency.

14 Q Dr. Ciric was not, he was a
15 physician specialist. Do you remember that?

16 A Oh, no. I'm sorry. I don't know
17 the difference between those two.

18 Q So at that time, your testimony is
19 you don't know the difference between a
20 physician specialist and the attending
21 physicians positions?

22 A Yes. That's correct. It was
23 not -- I worked primarily with people who
24 were under NYU pay lines. So I wasn't
25 familiar with those titles.

1 E. FORD, M.D.

2 Q Even though you were supervising
3 her and you had the ability to impact her
4 salary, or any of your direct report
5 salaries?

6 MS. CANFIELD: Objection as to
7 form. Assumes fact. She can
8 answer.

9 A Sure. So I was actually not -- I
10 was not responsible for the salaries or
11 the -- it sounds like, you called them civil
12 service titles. I was responsible for
13 hiring from a clinical perspective. So
14 vetting people clinically. And I was
15 responsible for the clinical work. And I
16 did feel like I was responsible for
17 advocating for my staff in ways however I
18 could. But I was not responsible, nor did I
19 even have, that I can recall, even access to
20 sort of budgets about much of what I did in
21 there.

22 Q Now, that changed when you became
23 CHS chief of psychiatry, right?

24 A What, access to budgets or --

25 Q Access to budgets and the ability

1 E. FORD, M.D.

2 to determine salaries.

3 A I would say there was more
4 transparency to me, but I was not the person
5 who could approve salaries.

6 Q You couldn't approve salaries?

7 A That's correct.

8 Q You couldn't hire and fire people
9 within CHS?

10 MS. CANFIELD: Objection as to
11 form. You can answer. Different
12 question.

13 A Sure. I was -- I could hire
14 people. The salary, I could propose, but I
15 couldn't approve it until it went through
16 HR.

17 Q Were you able to fire people?

18 A I guess.

19 Q Now, I'm going to --

20 A I'm sorry. Go ahead.

21 Q Go ahead. I'm sorry.

22 A I was going to say, I was able to
23 present to my supervisors concerns I had if
24 I was thinking about firing somebody. But,
25 again, I didn't have the final say, like

1 E. FORD, M.D.

2 they would determine if it was an
3 appropriate reason or not.

4 Q Who had the final say if someone
5 got fired?

6 A That's a good question. I think
7 it was labor relations would -- I think the
8 way it worked is that -- I don't think I
9 actually ever fired anybody. But -- I think
10 the way it works is that I would -- if it
11 was me doing it, say and would talk with
12 labor about it, and that they would say this
13 is reasonable or not. And then ultimately,
14 I believe HR or labor were the ones who sort
15 of did the firing.

16 Q Now, you said, you suggested if
17 you find her to be competent in some areas
18 where other less experienced directors are
19 excellent or superior, you provide some
20 comments about how to improve. Now, I'm
21 going to ask you some questions about that.

22 What criteria was utilized to
23 determine that Dr. Kaye was competent versus
24 the other directors being excellent or
25 superior, do you know?

1 E. FORD, M.D.

2 A I don't know.

3 MS. CANFIELD: Objection as to
4 form.

5 Q You said you don't know?

6 A Right.

7 I'm sorry, can we please take a
8 break soon.

9 Q Okay, Ms. Ford. I'm sorry. Can
10 you bear with me another five minutes and
11 then I'll be done with this email?

12 A Sure.

13 Q I'm sorry about this, Dr. Ford.

14 Now, you say that again, I know
15 this is a challenging process, why was it a
16 challenging process for him to rate
17 Dr. Kaye?

18 MS. CANFIELD: Objection as to
19 form. You can answer.

20 A Sure. That's not my -- I didn't
21 mean it's a challenging process to rate
22 Dr. Kaye. I just mean it's a challenging
23 process to do a lot of performance
24 evaluations in a short period of time.

25 Q But then you say, but it is

1 E. FORD, M.D.

2 striking that the three others have -- the
3 three others -- I'm going to edit this --
4 have lots of comments and hers doesn't.

5 Now, why did you point that out?

6 A I must have felt that it was
7 striking. Particularly because of my
8 earlier comment that my experience had been
9 that she's strong in other areas. And if
10 there's some change to that, or if she's
11 less strong than other directors, then I do
12 think it's important for anybody to have
13 comments about how they can improve.

14 Q Now, I'm going to ask you a
15 question here.

16 You're saying that it wasn't
17 because Dr. Jain and Dr. Kaye had a strained
18 relationship, that you had these issues with
19 the performance evaluations, you're saying
20 it's because you felt that she was a strong
21 employee, and you were questioning the
22 evaluation as a whole in comparison to the
23 others; am I right?

24 MS. CANFIELD: Objection form.

25 You can answer if you're able.

1 E. FORD, M.D.

2 A I mean, I can't remember the
3 evaluations, but based on this email, what
4 I'm saying is that, other less -- that she's
5 rated as competent, but without comments
6 about how to improve. And that, to me, I
7 personally just -- you know, we as -- we
8 work with a lot of -- I have worked with a
9 lot of highly skilled physicians and many of
10 whom are just so excellent. So competent
11 almost seems like, you know, that's -- I
12 don't know. It warrants some discussion
13 about how to get better.

14 Q So you don't think that
15 Dr. Jain's, I guess, rating was retaliatory?

16 MS. CANFIELD: Objection as to
17 form. You can answer.

18 A I don't remember that or -- no.
19 That wasn't -- I don't recall having that
20 thought at all.

21 Q Now, I mean, just in comparison,
22 Dr. Winkler had been in the position let's
23 say April of 2018 to February of 2019, yet
24 he received an excellent to superior
25 evaluation. Do you recall that?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection as to
3 form. You can answer. If you want
4 to show her something.

5 A I mean, I don't remember what --

6 MS. HAGAN: Wait, wait, wait.
7 Ms. Canfield, that's blatant and you
8 know that it's improper. I want to
9 show her something? What kind of
10 objection is that? That's
11 ridiculous.

12 You cannot hint if she needs
13 to see something. What are you
14 talking about?

15 MS. CANFIELD: There's no
16 foundation to any of your questions.
17 You're assuming facts not in
18 evidence. If you have something to
19 show her --

20 MS. HAGAN: It's improper. I
21 have ---

22 MS. CANFIELD: Your questions
23 are improper, too. They are not
24 foundation.

25 MS. HAGAN: Do not do it

1 E. FORD, M.D.

2 again. Or else we will be on the
3 phone with Judge *Kott. Do you
4 understand me? Don't do it again.

5 MS. CANFIELD: This is
6 perfect. Thank you very much.

7 MS. HAGAN: Don't do it again.

8 Q So now, Dr. Ford, I'm showing you
9 what's been marked as -- what will be marked
10 as Exhibit 4.

11 (Whereupon, Performance
12 Evaluation (NYC1336-1342) was
13 marked as Plaintiff's Exhibit 4
14 for identification as of this
15 date.)

16 Q This is Dr. Winkler's performance
17 evaluation. And it bears the Bates series
18 NYC1336 through NYC1342.

19 Now, do you remember this
20 document?

21 A No.

22 Q Well, it says here that
23 Dr. Winkler was appointed on April 30, 2018.
24 Would that be accurate?

25 A That sounds about right.

1 E. FORD, M.D.

2 Q Were you responsible for getting
3 Dr. Winkler into this position of, I guess,
4 clinical director?

5 A Was I responsible -- I mean, I
6 guess. We posted -- it was a complicated
7 process, because there was one director of
8 two clinics when we were thinking of this
9 transfer.

10 So we posted -- I believe the
11 process is we -- I created an org chart, a
12 structure, and we created four director
13 positions. The director who was of the
14 Queens and the Brooklyn clinic at the time
15 chose -- I don't know if it was chose --
16 became the Queens clinic director. And then
17 we posted for this Brooklyn clinic director.

18 And we had -- I can't remember how
19 many applications, we did some interviews,
20 Dr. Winkler applied. I probably would have
21 signed his -- the paper that approved his
22 hiring.

23 Q Did you ever speak with
24 Dr. Winkler personally and encourage him to
25 apply for this position?

1 E. FORD, M.D.

2 A Yeah -- probably. I called all
3 the -- did I call all the psychologists? I
4 think I called everyone I could think of in
5 all the clinics. I told them that the
6 position was up, if they wanted to apply.

7 Q Going back to what we were
8 discussing earlier about the shorter time
9 period and the superior evaluation. He's on
10 probation here, according to this
11 evaluation. You see that, right?

12 MS. CANFIELD: Object to the
13 form.

14 A Yeah. That just means he hasn't
15 been in the position for -- that's a
16 six-month thing.

17 Q Right. And here he is being
18 evaluated after six months in his position.
19 Right?

20 And you see the evaluation skill,
21 S for superior, E for exceeds expectations.
22 C, fully competent. Going all the way down
23 the line, right. So for our purposes, I'm
24 going to stick with those first three
25 because no one seems to be rated under that,

1 E. FORD, M.D.

2 right. And you see that he's getting rated
3 E and F and not applicable, right?

4 A I'm seeing that.

5 Q Then you have some
6 competent/excellent here, right.

7 Now, from what you're seeing,
8 would you say that these ratings are
9 consistent with your experience with
10 Dr. Winkler?

11 MS. CANFIELD: Objection as to
12 form. You can answer.

13 A Sure. I didn't directly supervise
14 Dr. Winkler, so I can't -- I really -- I
15 don't know. I don't know.

16 Q Did you know Dr. Winkler before or
17 outside of CHS?

18 A Yes. I worked with Dr. Winkler
19 when he -- in Bellevue for a year maybe. I
20 think -- he was a -- I can't remember. He
21 was either a psychology intern or a
22 psychologist at Bellevue Hospital on the
23 inpatient unit. I think when I was the unit
24 chief there.

25 Q Did you ever publish any documents

1 E. FORD, M.D.

2 with Dr. Winkler?

3 A I published an article with him, I
4 can't remember the year, but, yes.

5 Q So you knew Dr. Winkler prior to
6 supervising -- prior to him being under your
7 management; am I right?

8 A Yes. At CHS, yes. I did know him
9 prior to that.

10 Q I'm going to keep going down. I
11 guess I'm going to look for the overall
12 rating that you gave him.

13 So the -- he said over the past
14 year, which is not accurate, it was only six
15 months; am I right?

16 A Yeah. It appears that you are
17 right.

18 Q Dr. Winkler has impressively and
19 seamlessly transitioned into his role as
20 director of the Brooklyn Staten Island Court
21 Clinic. He has been a knowledgeable and
22 steady leader and an exceptional role model
23 for clinical and administrative staff. He
24 has actively been invested in recruiting,
25 hiring and training staff.

1 E. FORD, M.D.

2 Now, did he have an opportunity to
3 do all that in six months?

4 MS. CANFIELD: Objection as to
5 form. You can answer.

6 A Let's see. The transition into
7 the role, yes, that could be in six months.
8 Knowledgeable and steady leader, yeah. An
9 exceptional role model for clinical and
10 administrative staff. I mean, I think that
11 could be rated in six months. Actively been
12 invested in recruiting hiring and training
13 new staff. I do recall that he was -- that
14 Dr. Winkler was trying to recruit actively.

15 Q And then you have like develop a
16 systematic evaluation process for clinical
17 staff evaluations and reports, and all this.
18 And then you have exceeds expectations,
19 right?

20 A I see that.

21 Q Well, I know that I represented to
22 you that we were going to take a break. Why
23 don't we do that. And then why don't we get
24 back at 1:35. So that gives us an hour.

25 THE WITNESS: Could we take a

1 E. FORD, M.D.

2 shorter lunch break?

3 MS. HAGAN: I will need to

4 take an hour.

5 (Whereupon, a recess was taken

6 from 12:34 p.m. to 1:38 p.m.)

7 Q I want to ask you some more

8 questions about the complaint itself.

9 Did you have an opportunity to

10 read the amended complaint, Dr. Ford?

11 A I think so. I'm not sure the

12 difference between the amended complaint and

13 the complaint, but I think I do.

14 Q Did you feel that there were

15 misrepresentations in that document?

16 MS. CANFIELD: Objection as to

17 form. You can answer.

18 A Yes.

19 Q Which ones?

20 MS. CANFIELD: Objection as to

21 form. You can answer.

22 A I don't have the document in front

23 of me.

24 Q We can look at it.

25 First and foremost, for example,

1 E. FORD, M.D.

2 Dr. Kaye alleges that you and CHS management
3 engaged in retaliatory shift change when she
4 started to complain about pay parity. Do
5 you remember that?

6 MS. CANFIELD: Objection as to
7 form. Complain about pay --

8 MS. HAGAN: Please don't coach
9 the witness. Let her answer.

10 MS. CANFIELD: I don't hear
11 you.

12 MS. HAGAN: You heard the
13 question.

14 MS. CANFIELD: I did not hear
15 the question. When she complained
16 about what?

17 Q When Dr. Kaye complained about pay
18 parity, she alleged she was experiencing
19 retaliation in the form of a retaliatory
20 shift change.

21 Do you recall that, Dr. Ford?

22 A No. I do not recall that
23 specifically, because I believe that
24 happened when I was on leave. I recall
25 returning from leave in the fall of 2018 and

1 E. FORD, M.D.

2 hearing that there had been a disagreement
3 about her shift. I think that's what you
4 were referring to.

5 Q Right. Now, at the time, was it
6 your experience that the directors of the
7 court clinics worked 9:00 to 5:00?

8 MS. CANFIELD: Objection as to
9 form. You can answer.

10 A I think mostly, yes. I was more
11 concerned with the hours per day rather than
12 the specific time of start and stop, but
13 that sounds about right.

14 Q Why were you concerned about the
15 hours per day, Dr. Ford?

16 A Because that's what people were
17 being paid for.

18 Q Okay. Now, were there any other
19 court clinic directors who experienced a
20 shift change?

21 MS. CANFIELD: Objection as to
22 form. You can answer.

23 A I don't know.

24 Q Did any of other court directors
25 come to you to complain about a shift

1 E. FORD, M.D.

2 change?

3 A Not that I recall -- not that I
4 recall, no.

5 Q Did any of the other directors,
6 were they held to a specific schedule?

7 A Were they held to a specific
8 schedule. I don't -- I wasn't involved in
9 the determinations of their specific start
10 and stop times. I did not talk -- I don't
11 recall talking with Dr. Jain about that. I
12 don't recall that.

13 Q Who made the decision to set the
14 hours of the directors in the clinics?

15 MS. CANFIELD: Objection as to
16 form. You can answer.

17 A The Brooklyn and Queens court
18 clinics, who made -- I believe that was HR.
19 I think that was HR. And I think also for
20 the other two, although I don't -- again, I
21 wasn't around for that summer and I don't
22 know if there were changes to that.

23 Q You said that you did at least 30
24 forensic evaluations over the course of your
25 career; am I right?

1 E. FORD, M.D.

2 A I did say that, yeah.

3 Q Did you ever possess that title of
4 forensic evaluator as your job title?

5 A Let me think. No.

6 Q Who in HR made the decision to, I
7 guess, put the shift, I guess the hours in
8 place?

9 MS. CANFIELD: Objection as to
10 form. You can answer.

11 A I don't actually know who in HR
12 did. I don't recall. I may have known, but
13 I don't know now. I don't know.

14 Q Did Dr. Kaye ever come to you to
15 complain about the shift change that she
16 experienced?

17 A Yes.

18 Q And when did this happen?

19 A The best I can recall from the
20 emails, it was around the end of November
21 of 2018.

22 Q November 2018. And what do you
23 remember from that?

24 A That she had requested to talk
25 with me about some things and catch me up to

1 E. FORD, M.D.

2 speed from my leave. That we met, I believe
3 after like a director meeting. That we met
4 in person, and that she was concerned --
5 she -- there was -- she was still unhappy
6 with the shift, whatever the shift issue.
7 And I can't recall if it had been move --
8 there was still an issue with the shift
9 issue, that she had taken the front -- well,
10 she had taken a board exam and had been
11 docked pay that day. And that -- there was
12 some other things. I do recall she
13 expressed concerns about Dr. Jain and his
14 interactions with her. And there may have
15 been a couple other things. Those are the
16 things I remember.

17 Q Now, you said some people in HR
18 made the decision to, I guess, implement or
19 impose a set work out.

20 Would that have been, let's say,
21 Mr. Wangel, would he have been involved in
22 that decision making process?

23 MS. CANFIELD: Objection as to
24 form. You can answer.

25 A Sorry. Apologies for the dog.

1 E. FORD, M.D.

2 Can you hear me okay?

3 Q Yes. I can hear you.

4 A I don't know if it would have been
5 Mr. Wangel. What I recall is that -- yeah.
6 I don't know if -- I don't think Mr. Wangel
7 is part of HR.

8 Q What about Ms. Yang?

9 A So Ms. Yang was involved in most
10 of -- all of the decisions that I made
11 regarding personnel, in terms of time and
12 salary and hiring and discipline and things
13 like that, went through Ms. Yang.

14 Q So did you and Ms. Yang ever talk
15 about Dr. Kaye?

16 A Yeah. I imagine we must have. I
17 don't recall specific conversations, but I'm
18 sure we did.

19 Q Did you ever talk about Dr. Kaye
20 in terms of this pay parity issue?

21 A We had a conversation -- I recall
22 having conversations, I don't know if one or
23 more than one with Ms. Yang, prior to her
24 coming on board with CHS, and discussions
25 about pay parity and retention bonus, and

1 E. FORD, M.D.

2 delaying the Manhattan clinic arrival in
3 order for her to get the bonus.

4 Q Now, would you agree that the pay
5 parity -- I mean the retention bonus and
6 the -- what was the other thing that you
7 mentioned? Retention bonus and -- you said
8 something else?

9 MS. CANFIELD: Do you want the
10 court reporter to read it back?

11 MS. HAGAN: Yes.

12 (Whereupon, the requested
13 testimony was read by the court
14 reporter.)

15 Q Now, was there also an issue
16 regarding Dr. Kaye's longevity pay?

17 A That sounds familiar. That's
18 about all I can tell you. That term sounds
19 familiar to me.

20 Q You may have talked to Ms. Yang
21 about Dr. Kaye's retention bonus and
22 longevity pay; is that right?

23 A I don't know if I talked with
24 Ms. Yang about longevity. It's possible.

25 Q Would it be fair to say that

1 E. FORD, M.D.

2 longevity pay and retention bonus has
3 nothing to do with Dr. Kaye's salary, per
4 se; am I right?

5 MS. CANFIELD: Objection as to
6 form. You can answer if you're
7 able.

8 A Sure. I don't actually know a
9 whole lot about longevity pay. That's not
10 something that I'm familiar with in the
11 systems that I've worked in, as most of the
12 employees I've had were not through sort of
13 city agencies.

14 So I can't -- I don't know. The
15 retention bonus, if my recollection is
16 correct, I believe that was an agreement
17 made at Bellevue with -- and I don't know
18 the details of why, but I think that was a
19 deal from Bellevue.

20 Q Now, did you ever speak to
21 Ms. Yang about the shift change?

22 A I don't know. I don't know.

23 Q Now, for years you worked with
24 Dr. Kaye from 2009 to 2014, and she worked
25 from 9 to 5. Do you recall that?

1 E. FORD, M.D.

2 A I don't recall her specific hours,
3 but that sounds right.

4 Q So she continued to work in the
5 same attending physician title when you
6 resumed your management of Dr. Kaye, I guess
7 indirectly in 2014. Why was her 9 to 5
8 hours a problem then?

9 MS. CANFIELD: Objection as to
10 form. You can answer.

11 A Sure. Actually, I don't know,
12 because I was not around when those
13 decisions were made, that it was problem,
14 which sounds like it was the summer.

15 Q You weren't around when you were
16 going to manage her out either, you said
17 that you weren't supervising her at that
18 time, right?

19 MS. CANFIELD: Objection,
20 argumentative. You can answer.

21 A I was working at that time, during
22 the summer of 2018, I was not working, I was
23 on leave.

24 Q So you weren't working at all, you
25 weren't privy to what was going on in the

1 E. FORD, M.D.

2 clinics or anything during the summer
3 of 2018?

4 A That's correct.

5 Q You weren't emailing anyone, you
6 weren't contacting anyone during that
7 summer?

8 A That's correct.

9 Q So when you got back and Dr. Kaye
10 was complaining about this pay parity --
11 about the shift change, did you look into it
12 yourself to see whether or not it was
13 unreasonable for her to want to continue to
14 work the 9 to 5 shift?

15 A I did.

16 Q And what happened?

17 A I recall speaking with at least
18 Mr. Wangel and possibly Jessica Laboy who
19 was responsible for HR at the time. And
20 inquired about what the issue was, had it
21 been resolved, had it been resolved
22 reasonably. And was told that this was an
23 issue -- I can't recall what the answer was,
24 but my take away impression was that it was
25 not -- that I didn't need to look into it

1 E. FORD, M.D.

2 further.

3 Q Now, Dr. Kaye alleges that she was
4 made to work nine hours while the other set
5 of directors were not made to work nine
6 hours. Did you look into that?

7 MS. CANFIELD: Objection as to
8 form. You can answer.

9 A I think it was about -- it was
10 complicated -- it felt complicated at the
11 time. It's hard to remember, but I think it
12 had to do with the lunch hour. And the line
13 that Dr. Kaye was on was a union doctor
14 counsel line, and there were different lunch
15 hour requirements, something like that, but
16 the details have escaped me.

17 Q Dr. Ford, was there ever an
18 explanation given that Dr. Kaye had to work
19 the nine hours because of the necessity of
20 the clinic and the courts?

21 MS. CANFIELD: Objection as to
22 form. You can answer.

23 A Sorry. Can I repeat the question
24 and you tell me if I've got it right, the
25 question?

1 E. FORD, M.D.

2 Q Sure.

3 A Are you asking if I know whether
4 Dr. Kaye was ever told she had to work those
5 hours because of the court requirements?

6 Q Yes.

7 A I don't know. I'm not aware of
8 that.

9 Q To your knowledge, when does the
10 Court open?

11 You said you do 30 of these exams,
12 Dr. Ford. I'm going to hold you to this.
13 What time does the Court open, Dr. Ford?

14 MS. CANFIELD: Objection. You
15 can answer.

16 A I am embarrassed to say that I
17 don't know for sure in each court, but I
18 would imagine around nine.

19 Q Not 10:00?

20 MS. CANFIELD: Objection.

21 A I don't know if the courts open at
22 10.

23 Q You don't know if the courts open
24 at ten or nine?

25 A What I'm telling was that I don't

1 E. FORD, M.D.

2 know for sure what time every court opens.

3 Q You're not sure what time every
4 court opens. Do you know if it was
5 necessary that Dr. Kaye either worked from 9
6 to 6 or 8 to 5?

7 MS. CANFIELD: Objection as to
8 form. You can answer.

9 A If it was necessary with respect
10 to the Court?

11 Q If it was a requirement. Like,
12 why did she have to work nine hours and the
13 other directors had the option to work
14 eight?

15 MS. CANFIELD: Objection as to
16 form. You can answer.

17 A Yeah. I'm not -- I don't know
18 if -- I don't know how to answer that.

19 I don't know -- I don't remember
20 hearing anything that it was a court
21 requirement. I don't also remember hearing
22 anything that there was an idea that it was
23 eight versus nine hours with other
24 directors. I do clearly remember that the
25 other directors chose managing real lines,

1 E. FORD, M.D.

2 which allowed for more flexibility and I
3 think a different lunch thing.

4 Q So are you representing that all
5 the directors were on a managerial line
6 except for Dr. Kaye?

7 A I believe that they all -- I'm
8 saying that that's my best recollection,
9 yeah.

10 Q Now, at any time did Dr. Kaye tell
11 you that her children had special needs or
12 had specific ailments she had to address?

13 A She did.

14 Q What did she tell you?

15 A She told me that she has two
16 children, one of whom, I believe her son has
17 a chronic illness. I can't -- I think auto
18 immune, but I can't for sure, that requires
19 significant at home care. And that at times
20 it is unpredictable.

21 I think she also told me some
22 details about his education. I can't recall
23 how much of that was at home versus in a
24 school.

25 Q Specifically, did Dr. Kaye say

1 E. FORD, M.D.

2 that her son had skin ailments that she had
3 to attend to, and that's why she needed to
4 work a certain schedule?

5 A She did say that.

6 Q When did she have that
7 conversation, do you recall?

8 A I don't recall. I don't recall.
9 I think in the fall of 2018.

10 Q Now, you have children of your
11 own, I take it, right?

12 A Yes.

13 Q And how many children do you have,
14 Dr. Ford?

15 A Two.

16 Q So you kind of understand or at
17 least have talked about the balance of
18 motherhood and just trying to get to work,
19 and just having a very narrow short period
20 of time to work, and to actually take care
21 of your family; am I right?

22 A I'm familiar with that, yes.

23 Q Now, did you exhibit that same
24 level of consideration to Dr. Kaye when
25 she's coming to you with these issues?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection as to
3 form. You can answer if you're
4 able.

5 A I do remember hearing this from
6 Dr. Kaye and talking with people, a few
7 levels, and advocating for a shift that
8 would allow her to take care of her family
9 in the way that she wanted, and that would
10 meet the needs of the clinic.

11 Q Were the needs of the clinic not
12 being met under Dr. Kaye's prior schedule of
13 9 to 5?

14 A Not that I was aware of.

15 Q They were being met?

16 MS. CANFIELD: Objection as to
17 form. You can answer.

18 A Sure. Yes. As I said, I believe
19 they were being met. I didn't hear
20 otherwise.

21 Q She had no performance issues when
22 she was working the 9 to 5 shift, from what
23 you knew?

24 A And the 9 to 5 shift was -- that
25 you're referring to, that was when I was at

1 E. FORD, M.D.

2 Bellevue?

3 Q Up until then, up until the change
4 was after she filed her EEOC charge. So
5 basically up until, let's say, May of 2018,
6 or at least the first EEO complaint there
7 was no change, she was working 9 to 5,
8 right?

9 MS. CANFIELD: Objection as to
10 form. You can answer.

11 Q Up until then, had you heard any
12 complaints about the performance at the
13 Bronx Court Clinic?

14 MS. CANFIELD: Objection as to
15 form. You can answer.

16 A So I can only speak to the time
17 when I was there until 2014. I don't know
18 between 2014 and '18. But I did not hear
19 concerns about, when I was there at
20 Bellevue, about the 9 to 5 shift.

21 Q When you were there -- once you
22 became the director, which was in 2018,
23 right, you didn't hear any complaints about
24 the clinic's performance up until your
25 leave, right?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection as to
3 form. You can answer.

4 A So the court clinic did not come
5 under -- I wasn't -- the court clinic was
6 not part of CHS prior to my leave.

7 Q But there were no complaints about
8 the Bronx Court Clinic in terms of
9 performance or leading -- or seeing people
10 at that time, right?

11 MS. CANFIELD: Objection as to
12 form. You can answer.

13 A I don't know. I didn't see any
14 performance evaluations that had been done
15 by Bellevue.

16 Q Ultimately, you had made a
17 determination that Dr. Kaye could work the 9
18 to 5 shift regardless -- I mean, was anybody
19 being monitored on that level where they had
20 to work a certain set of hours?

21 MS. CANFIELD: Objection as to
22 form. Compound. You can answer if
23 you're able.

24 A Was any -- yeah. I guess I don't
25 understand. Are you saying was everyone

1 E. FORD, M.D.

2 monitored about the hours that they work?

3 Q Yes.

4 A Indeed, everybody was, yeah.

5 Q Okay. So how were they monitored?

6 A I think at that time we had
7 implemented Kronos, but I can't recall if we
8 still had paper time sheets. There's a time
9 keeping system and also -- sorry. Go ahead.

10 Q Keep going. Keep going. You said
11 and also. Keep going.

12 A And just also, it was the
13 supervisor's responsibility to also be aware
14 of people generally being in the office --
15 I'm sorry, at work.

16 Q At any point, could you have said,
17 look, I'm just going to allow her to work
18 the 9 to 5, she's always worked with 9 to 5,
19 and there's been no problems with the
20 clinic, couldn't you just have made that
21 determination, Dr. Ford?

22 MS. CANFIELD: Objection as to
23 form. You can answer if you're
24 able.

25 A No. I did try to do that.

1 E. FORD, M.D.

2 Q And what happened?

3 A I was told that there was -- it
4 has to do with her -- it has to do something
5 with the lunch hour and that the issue was
6 resolved.

7 Q Who told you it had to do with the
8 lunch hour?

9 A I don't remember.

10 Q And who told you that the issue
11 was resolved?

12 A I don't remember. Yeah. I don't
13 remember.

14 Q Now, did it ever come to your
15 attention that Dr. Kaye's personnel file was
16 lost?

17 MS. CANFIELD: Objection as to
18 form.

19 A That her personnel file was lost.
20 No. It was lost, I don't think so.

21 Q What happened to her personnel
22 file, are you aware that it was lost?

23 A No.

24 MS. CANFIELD: Objection as to
25 form.

1 E. FORD, M.D.

2 Q So it never came to your attention
3 that her personnel file was lost?

4 MS. CANFIELD: Objection as to
5 form.

6 A No. Not that I recall.

7 Q So I'm going to, I guess, enter --
8 and this wasn't produced, this was more
9 of -- because this wouldn't have been
10 produced in the part of discovery, but I'm
11 going to, I guess, show you what will be
12 marked as Plaintiff's Exhibit 5.

13 (Whereupon, Dr. Ford's Book
14 Excerpts was marked as
15 Plaintiff's Exhibit 5 for
16 identification as of this date.)

17 Q You've written a number of books
18 over the years; am I right?

19 MS. CANFIELD: I'm sorry. I
20 couldn't hear.

21 Q You've written a number of books
22 over the years; would that be accurate?

23 A I've written one book and I've
24 edited one book, and I've written one book
25 chapter.

1 E. FORD, M.D.

2 Q The Landmark Decisions in Forensic
3 Evaluation -- Forensic Psychiatry, did you
4 write that book?

5 A I edited it.

6 Q And then you wrote, sometimes
7 amazing things happen. Is that the book
8 that you wrote?

9 A It is.

10 Q So I'm going to discuss some
11 excerpts from your book, okay.

12 What, first of all, prompted you
13 to write the book in the first place?

14 A I was approached by a publisher, I
15 had been approached a number of times, but
16 at this particular moment I had been
17 approached, and I felt like I had reached a
18 point in my career where I had something to
19 say, and I was concerned about the popular
20 impression of the patients that I took care
21 of at Bellevue.

22 Q What were the impressions of the
23 patients you took care of at Bellevue?

24 A Generally, that they were throw
25 away people. And they were described as

1 E. FORD, M.D.

2 monsters and psychos in the tabloids. And I
3 found them to be totally different than that
4 and I wanted to bring that to light.

5 Q And you also talked about your, I
6 guess your experiences, like motherhood and
7 the job. You talked about a number of
8 cases, or probably pertinent to this case,
9 though.

10 What I'm going to do is I'm going
11 to share the screen with you. And the first
12 is going to be -- in order to facilitate
13 things, I made it somewhat of a Power Point
14 presentation, right.

15 So, for example, on page 49 of
16 your book, you say, "As usual, the team is
17 already assembled. By the time I come
18 rushing in after dropping my son at day care
19 at 8:00 a.m., having frantically hailed a
20 cab to get me down to the east side of
21 Manhattan to the hospital."

22 Now, do you recall having this
23 kind of frantic type of morning when you had
24 your son?

25 A Yes.

1 E. FORD, M.D.

2 Q Did you think about this, when
3 Dr. Kaye was explaining to you the
4 importance of having her shift from 9 to 5?

5 A Definitely.

6 MS. CANFIELD: Objection as to
7 form. You can answer.

8 Q You said definitely, right?

9 A I said definitely, yes. That's
10 why I advocated otherwise.

11 Q So you're saying that you didn't
12 participate any effort to manage her out by
13 changing her shift because you knew that it
14 was going to be problematic, you're saying
15 you denying that; am I right?

16 MS. CANFIELD: Objection as to
17 form. You can answer.

18 A Could you rephrase the question.

19 Q Are you denying that you had any
20 part in changing her shift in an effort to
21 manage her out after she complained?

22 MS. CANFIELD: Objection as to
23 form. You can answer.

24 A What I'm saying is that I did not
25 have -- I did not play a role in changing

1 E. FORD, M.D.

2 her shift.

3 Q And you did not think that
4 changing her shift would have the effect of
5 disruption of discharging her?

6 MS. CANFIELD: Objection.

7 Objection.

8 MS. HAGAN: Keep going.

9 MS. CANFIELD: You can answer
10 but that's a legal term of art.

11 She's not a lawyer, but go ahead.

12 A Sorry. Can you say the question
13 again.

14 Q Did you have any part in any
15 efforts to force out Dr. Kaye from CHS?

16 MS. CANFIELD: Objection. You
17 can answer.

18 A No.

19 Q Do you believe Dr. Kaye was forced
20 out of CHS?

21 A No. My understanding is that,
22 although I don't -- I'm not sure if it
23 proceeded when I left CHS, I believe she
24 issued her resignation letter.

25 Q Well, you had issued your

1 E. FORD, M.D.

2 resignation letter, or at least the staff
3 was told that you were resigning from CHS in
4 December of 2020 -- in 2019; is that right?

5 A I believe the staff were notified.
6 I notified my superiors just before
7 Thanksgiving of that year.

8 Q Right. And Dr. Kaye left in
9 January of 2020. Do you recall that?

10 MS. CANFIELD: Objection as to
11 form. You can answer.

12 A Sure. I recall she left around
13 this time that I was leaving. I didn't
14 recall that it was January.

15 Q Now, if someone was put in the
16 position where she had to choose between
17 taking care of her children or working,
18 would you say that that would be the
19 equivalent of being forced out of work?

20 MS. CANFIELD: Objection as to
21 form. You can answer.

22 A I don't know if I can answer.
23 Like, is there a specific example?

24 Q Well, you yourself actually felt
25 compelled to resign or take leave of absence

1 E. FORD, M.D.

2 to take care of your family; am I right?

3 A I felt compelled internally. I
4 did not receive any kind of -- there was
5 no -- I didn't feel forced by my work at
6 all.

7 Q Well, because you never were held
8 to a strict schedule of having to work a set
9 amount of hours; is that true?

10 MS. CANFIELD: Objection as to
11 form. You can answer.

12 A Sure. I was held to a specific --
13 I had specific hours that I needed to be in
14 the hospital during that time.

15 Q Were you ever threatened with your
16 pay being docked or your time being docked
17 if you did not come to work and leave work
18 at a certain amount of time?

19 MS. CANFIELD: Objection as to
20 form. You can answer.

21 A This was when I was at Bellevue?

22 Q Yes.

23 A Yeah. I had a conversation with
24 Dr. Badaracco about -- I had asked for an
25 early departure one day to pick up my

1 E. FORD, M.D.

2 children, and she reminded me that I needed
3 to stay the whole time or I wouldn't get
4 that salary.

5 Q So this is one day, she threatened
6 your whole salary for one day; is that what
7 you're saying?

8 A Sorry. No, no. Not the whole
9 salary, just that block of time.

10 Q Would you say that someone had --
11 Dr. Kaye -- first of all, did Dr. Kaye ever
12 tell you that if she was forced to work the
13 hours that she was -- that her shift being
14 changed is going to push her out?

15 MS. CANFIELD: Objection. You
16 can answer if you're able.

17 A I don't recall her saying that it
18 would force her out.

19 Q You don't recall her saying that
20 she would be forced to resign if she had had
21 to work on that shift change?

22 MS. CANFIELD: Objection as to
23 form. You can answer.

24 A I don't recall her saying that. I
25 recall her saying it would be a real

1 E. FORD, M.D.

2 hardship for her.

3 Q Did you ever get a shift change
4 yourself at Bellevue?

5 MS. CANFIELD: Objection as to
6 form. You can answer.

7 A At Bellevue, I was on a NYU pay
8 line, so the -- there weren't formal time
9 sheets at that point when I was working
10 there.

11 Did I ever get a formal shift
12 change. Yes. I worked from -- I can't
13 recall when it was. I worked from like
14 eight hour -- I worked from basically 9 to
15 5, Monday, Wednesday, Friday, and then 7 to
16 3, Tuesday and Thursday.

17 Q So you did have a shift change?

18 A Yeah. I guess that's right.

19 Q Now, on page 100 of your book, you
20 say, "I'm like many female physicians who
21 have young children trying to avoid the
22 gnawing feeling of inadequacy that comes
23 with taking care of children and patients
24 who need so much." Right.

25 Now, do you feel that that's a

1 E. FORD, M.D.

2 dilemma, that all female professionals in
3 your field experience?

4 MS. CANFIELD: Objection as to
5 form. You can answer.

6 A Do all female physicians
7 experience this? I would say no. If they
8 have children, I think it's possible. I
9 can't speak for all female physicians.

10 Q Did you feel that Dr. Kaye was
11 being subjected to harassment, to the extent
12 that she was being forced to work this shift
13 change?

14 MS. CANFIELD: Objection as to
15 form. The word "forced." You can
16 answer.

17 A I didn't conceptualize it as
18 harassment. I wasn't fully clear about the
19 rationale, of which is, again, why I tried
20 to get more information about that.

21 Q Now, you said at times that you
22 really kind of had issues with how, you
23 know, trying to get this balance between
24 motherhood and your job, and you felt
25 compelled to resign more than once because

1 E. FORD, M.D.

2 of the issues that you had with, I guess
3 balancing these two.

4 Now, your testimony is that you
5 had no part in that, in Dr. Kaye's shift
6 change, even though you had these issues and
7 you wrote that you were going to manage her
8 out; is that right?

9 MS. CANFIELD: Objection as to
10 form. There's a lot of colloquy and
11 it's a compound question, but you
12 can answer if you're able.

13 Q The question is, that you had no
14 part, even though you said that you were
15 going to manage her out?

16 MS. CANFIELD: Objection as to
17 form. You can answer.

18 A Sorry. I lost the question.

19 Q The question is, you said that you
20 had no part in managing Dr. Kaye out, right?

21 MS. CANFIELD: Objection as to
22 form. You can answer.

23 A I did not try to fire Dr. Kaye, if
24 that's what you're asking.

25 Q Did you ever say you were going to

1 E. FORD, M.D.

2 manage out an Erica Weisman?

3 A I don't recall saying that. I do
4 recall that there were -- that I had some
5 concerns about doctor -- well, yeah, I don't
6 remember saying that.

7 Q Did Dr. Weisman -- was Dr. Weisman
8 terminated?

9 A I don't know. She did not report
10 to me.

11 Q Who did she report to?

12 A This was at Bellevue?

13 Q Um-hmm.

14 A I think she reported to Allen
15 Elliot in the psychology department.

16 Q So you had no part in her
17 departure or her demise?

18 A I did not. I was not involved
19 with Dr. Weisman's departure.

20 Q I'm going to leave that for now.

21 So you're saying -- so what were
22 your concerns about Dr. Weisman exactly,
23 specifically?

24 A This was at Bellevue?

25 Q Just in general. You said that

1 E. FORD, M.D.

2 you had concerns about her. What were they?

3 A Right. But, again, I'm
4 clarifying, at Bellevue, because I didn't
5 work with her any other times.

6 Q Okay. So that would be it.

7 A She sometimes would in meetings,
8 in my opinion, talk down to some of the
9 people in the meetings.

10 Q Who was she talking down to?

11 A Well, I don't know. I can't
12 recall the names of people. But, in
13 general, these would be like in team
14 meetings where there would be people with
15 either no degrees or a master's degree,
16 counselors, therapists.

17 Q And what did Dr. Weisman have?

18 A A PhD and a JD.

19 Q So you believe or perceived that
20 she felt that she was superior to these
21 other people; am I right?

22 MS. CANFIELD: Objection as to
23 form. You can answer.

24 A I don't know how she felt. I was
25 not happy with the manner of communication

1 E. FORD, M.D.

2 in some of those meetings.

3 Q When you say you weren't happy,
4 what did you do?

5 A I imagine -- I think I talked to
6 Erica, to Dr. Weisman directly, and I recall
7 speaking with Allen Elliot at least once.

8 Q And so when you spoke to them,
9 what did you tell them?

10 A I don't remember.

11 Q But did Dr. Weisman eventually get
12 terminated from service?

13 A She left Bellevue, I don't
14 remember when that was, or if that -- I
15 don't remember if that was before or after I
16 left Bellevue. I don't recall.

17 Q Now, at some point would you
18 say -- could it be said that Dr. Weisman was
19 pushed out?

20 A I can't say that. I don't know.

21 Q Was she pushed out?

22 A I don't know.

23 Q Would you say that Dr. Kaye was
24 pushed out?

25 A No.

1 E. FORD, M.D.

2 Q Okay. Why not?

3 A 'Cause I have no knowledge of
4 anybody trying to push her out.

5 Q So you're saying that even though
6 she expressed to you that this shift change
7 would have the effect of pushing her out,
8 and then even though she was -- the shift
9 change was imposed and she had to continue
10 to work under those conditions, that she was
11 not pushed out?

12 MS. CANFIELD: Objection as to
13 form. You can answer.

14 A Is the question, do I think the
15 shift change was trying to push her out?

16 Q Yes.

17 A No. I do not have that
18 understanding.

19 Q Even though she came to you fairly
20 emotionally and told you that it would?

21 A Once she told me of that, that's
22 when I started advocating on her behalf to
23 get it changed. Again, I was not around for
24 the initial decision about the shift.

25 Q It's your testimony that you could

1 E. FORD, M.D.

2 not get it changed?

3 A My recollection is that we
4 eventually did change it. We did change it
5 eventually.

6 Q Dr. Kaye was still being, made to
7 work nine hours versus the eight hours that
8 she was accustomed to working.

9 A Um-hmm.

10 Q So I don't know that that was in
11 effect. Now, how did you advocate Dr. Kaye?

12 A I spoke with my boss and I spoke
13 with HR and I spoke with labor relations.

14 Q So who was your boss?

15 A I believe my boss at the time was
16 Ross MacDonald.

17 Q Now, your boss was Ross MacDonald.
18 What did you say to Dr. MacDonald?

19 A I don't remember.

20 Q How many conversations did you
21 have with Dr. MacDonald about the shift
22 change?

23 A I don't know how many.

24 Q Who would have been in the
25 position to say, okay, Dr. Kaye's

1 E. FORD, M.D.

2 complaining, we'll just let her work the
3 hours she wants to work, who would have been
4 able to make that decision?

5 A I think that would have been
6 Ms. Yang. I think she ultimately would be
7 the one that would approve that.

8 Q Did you speak to Ms. Yang?

9 A I think I did.

10 Q What did Ms. Yang say to you?

11 A I believe she said she was aware
12 it was being handled, something like that.

13 Q She was aware that it was being
14 handled, but ultimately, you don't know if
15 it had been addressed; am I right?

16 A Dr. Jain was managing this, so
17 what I know is what I would hear from him or
18 what would trickle up. The specifics of it,
19 I don't know about.

20 Q How would you say that the
21 workloads at the various clinics compared to
22 each other, were they equally busy or were
23 there differences?

24 A It's -- the reason I'm sort of
25 hesitating is just because equally busy is

1 E. FORD, M.D.

2 hard to describe. There were -- my
3 impression, and then we looked at data, it
4 looks like, if I recall correctly, I believe
5 the Manhattan clinic had the most 730 orders
6 ordered, which lead to higher volume of
7 cases. They also had, I think they also had
8 the most or close to the most staff.

9 Queens I think was slightly
10 smaller in terms of orders and staff.
11 Brooklyn and Queens -- I think Brooklyn was
12 more a part of Manhattan. And then the
13 Bronx had many fewer orders and also many
14 fewer staff.

15 Q Dr. Kaye alleges she was treated
16 differently because of her complaints,
17 because she was a woman; would you disagree
18 with that?

19 MS. CANFIELD: Objection as to
20 form. You can answer.

21 A I would disagree with that.

22 Q Why do you believe that the Bronx
23 clinic should have had less staff than the
24 others?

25 MS. CANFIELD: Objection as to

1 E. FORD, M.D.

2 form. You can answer.

3 A I didn't say that I believe they
4 should have less staff.

5 Q So what was done to address the
6 issue of the staffing in the Bronx clinic?

7 MS. CANFIELD: Objection as to
8 form. You can answer.

9 A So what I recall is that we tried
10 to get -- and I think we were successful
11 with getting either a second line, I recall
12 we were able to get at least a locum
13 (phonetic) tenants to be a third evaluator
14 up at the clinic.

15 Q Third evaluator?

16 A Yeah. So Dr. Kaye -- there was a
17 line for psychologist who was -- the person
18 I remember in that line was Dr. Brayton for
19 a while and then there was a third -- we got
20 a locum tenant, and I was trying to get a
21 permanent line up there.

22 Q Was there ever a time when
23 Dr. Kaye worked at the Bronx clinic where
24 there were three evaluators there at the
25 same time?

1 E. FORD, M.D.

2 A I think there was. I think there
3 was a time when Dr. Kaye -- I'm counting
4 Dr. Kaye as a potential evaluator. And
5 Dr. Brayton and Dr. Mullen was a locum. So
6 I think --

7 Q What's a locum?

8 A Oh, sorry. Like a -- the doctor
9 who's hired on a temporary basis. They do
10 three months shifts and stuff.

11 Q So she wasn't a full-time salaried
12 employee?

13 A Correct. We were trying to get
14 that line approved.

15 MS. CANFIELD: Can I interrupt
16 for a second. There's this odd
17 dinging every once in a while. It's
18 really interrupting. I can't hear.

19 MS. HAGAN: I don't know what
20 you're referencing. I don't know.

21 MS. CANFIELD: It seems to be
22 coming from you, Ms. Hagan, because
23 you --

24 MS. HAGAN: You're not talking
25 about the dog, are you, Ms.

1 E. FORD, M.D.

2 Canfield? The dinging is a problem,
3 but not the dog. Is that what
4 you're saying? Because there's been
5 a dog that we've heard quite a bit
6 and you haven't complained about the
7 dog, right? But you're complaining
8 about the phone. Do not do this
9 during my deposition. Do not.

10 MS. CANFIELD: Ms. Hagan --

11 MS. HAGAN: I have no control
12 over the dinging that you claim to
13 be hearing. Okay. I don't.

14 MS. CANFIELD: I'm asking,
15 does anyone else hear it. Am I just
16 the only one hearing it because I
17 can't hear the question.

18 MS. HAGAN: It's not
19 appropriate to have this
20 conversation.

21 MS. CANFIELD: Ms. Hagan, it's
22 completely unprofessional. I'm just
23 asking, can we put it on vibrate
24 because --

25 MS. HAGAN: Well, apparently,

1 E. FORD, M.D.

2 I have no -- I don't know what
3 you're talking about, quite frankly.
4 That's to begin with. I don't know
5 what you're talking about. On top
6 of that, you're disrupting my
7 deposition. Please stop. I'm going
8 to move on with the --

9 MS. CANFIELD: Excuse me,
10 excuse me. I'm just asking if you
11 put it on vibrate. I'm having a
12 hard time --

13 Is anyone else hearing a
14 dinging or is it on my end? No one
15 else hears a ding.

16 THE WITNESS: I do.

17 MS. CANFIELD: I'm just
18 asking, if you can put it on vibrate
19 because it's disruptive. Now, Dr.
20 Ford took care of the dog for me.

21 MS. HAGAN: You're being
22 disruptive.

23 MS. CANFIELD: Excuse me.
24 Your tone is so unprofessional. I'm
25 just asking to put it on vibrate.

1 E. FORD, M.D.

2 MS. HAGAN: And your tone is,
3 too. It's very unprofessional, Ms.
4 Canfield. Very unprofessional and
5 intimidating. The rolling the eyes.

6 MS. CANFIELD: I'm asking to
7 put on the vibrate.

8 MS. HAGAN: And is intimidate.
9 You're intimidating, Ms. Canfield.
10 I'm scared, yes, I'm very
11 threatened.

12 Q So now going back on to the
13 question here.

14 Now, we were talk about the
15 workload at the Bronx clerk clinic versus
16 the other clinics. I was asking you about
17 the staffing.

18 And so you said earlier that you
19 did not -- we were talking about Dr. Mullen
20 and you said that she's a locum, a locum
21 hire, am I right, a per diem or temporary
22 hire; is that right?

23 MS. CANFIELD: Objection.

24 A Yeah. I think.

25 Q While Dr. Brayton worked at the

1 E. FORD, M.D.

2 clinic; is that right?

3 A Yeah. I think that's right.

4 Q So, now, at one point Dr. Kaye
5 also worked with Dr. Winkler for years; am I
6 right?

7 A Yeah.

8 MS. CANFIELD: Objection. You
9 can answer.

10 A If I recall correctly, I believe
11 she and Dr. Winkler were the two evaluators
12 at the clinic for at least most of the time
13 I was at Bellevue.

14 Q So let's say in 2009 to 2014
15 Dr. Winkler was there for the most part of
16 that time, right?

17 A I think so. That's what I recall.

18 Q He eventually became deputy
19 director of the clinic; am I right?

20 MS. CANFIELD: Objection as to
21 form. You can answer.

22 A I don't remember. I don't
23 remember.

24 Q But he worked with her as a
25 full-time staff person up until he left,

1 E. FORD, M.D.

2 which was in April of 2018; is that right?

3 MS. CANFIELD: Objection as to
4 form. You can answer.

5 A I don't know if he was full-time
6 or part-time. So I don't know that. He --
7 I remember that he was in the Bronx clinic
8 at the time when I was at CHS and we were
9 preparing for the move, for the transfer of
10 the clinics. Yes. I remember that.

11 Q Was there a period of time where
12 Dr. Kaye was the only full-time employee at
13 the Bronx clinic after Dr. Winkler left?

14 A Those are details I just can't
15 remember.

16 Q Did Dr. Kaye ever come to you
17 complaining about the lack of staff at the
18 clinic?

19 A Yes. I think so. Yes.

20 Q After Dr. Winkler left, who was
21 hired to work full-time at the clinic?

22 A I don't remember who the -- I
23 don't remember her -- I can't remember the
24 order. I think there were two or three -- I
25 can't remember the name. I think it was a

1 E. FORD, M.D.

2 woman psychologist.

3 Q Was it Dr. Brayton?

4 A I know that she worked at the
5 clinic. I don't know if she was the first
6 one.

7 Q So you're saying that someone
8 between April of 2018 and December of 2018
9 that worked at the clinic before Dr. Brayton
10 was actually hired to work there full-time?

11 MS. CANFIELD: Objection as to
12 form. You can answer if you're
13 able.

14 A Yeah. I'm saying I don't know. I
15 recall that Dr. Brayton worked at the
16 clinic. The time of her employment there,
17 that I can't remember.

18 Q Now, how many evaluators are
19 needed to do a 730 competency exam?

20 A Two.

21 Q So if there was only one full-time
22 person at the clinic, there could have
23 potentially been a problem completing these
24 exams; am I right?

25 MS. CANFIELD: Objection as to

1 E. FORD, M.D.

2 form. You can answer.

3 A Well, the evaluations -- you need
4 two evaluators. They don't have to be at
5 the same time. So you could schedule on the
6 days when people were there. I believe
7 there's also -- there was also scheduling
8 for -- like, I think the exams were
9 scheduled to coincide with the days there
10 were two evaluators there.

11 Q Would you say that there was
12 adequate coverage after Dr. Winkler left the
13 site?

14 MS. CANFIELD: Objection as to
15 form. You can answer.

16 A I can't speak to the coverage from
17 July 1st 'til when I came back from the
18 leave. So do you mean when I came back? I
19 think there was a psychologist in place at
20 that time.

21 Q So you came back in September of
22 2018, and your testimony is that there was a
23 psychologist there at that time?

24 A I think so.

25 Q A full-time psychologist?

1 E. FORD, M.D.

2 A No. I don't know full-time or
3 part-time. I don't remember.

4 Q Do you recall Dr. Kaye ever
5 complaining to you that there was inadequate
6 staffing after the court clinic?

7 A Yes. I do.

8 Q So what happened?

9 A Again, I think as I said earlier,
10 I advocated for another line at the clinic.

11 Q When you say "advocate," who did
12 you advocate to?

13 A Dr. MacDonald and Ms. Yang.

14 Q And what happened when you
15 advocated?

16 A Eventually I think it was
17 approved.

18 Q Who approved it?

19 A Well, I imagine it was Ms. Yang.
20 She approved all of the new line sort of
21 things.

22 Q So in November of 2018, do you
23 recall Dr. Kaye complaining to you about the
24 staffing at the clinic?

25 MS. CANFIELD: Objection as to

1 E. FORD, M.D.

2 form. You can answer.

3 A I'm sorry. When did you say.

4 Q November of 2018.

5 A I don't remember -- I don't
6 remember if it was then.

7 Q At any point was there a
8 moratorium declared on the administration
9 of -- examinations at the clinic?

10 A You mean a time saying they have
11 to stop?

12 Q Yes. At the Bronx Court Clinic.

13 A Let's see. I can't remember if
14 there were times -- not times, it may have
15 been once, when we didn't have enough
16 evaluators and had to schedule -- like had
17 to not schedule an evaluation a certain day.
18 But I don't recall saying the clinic is
19 closed to evals.

20 Q You don't recall. There is a time
21 that Dr. Brayton left. Do you recall that?

22 A I recall that she left. I don't
23 know -- I can't remember when.

24 Q Dr. Kaye alleges that from
25 November 2019 to January 2020 there was a

1 E. FORD, M.D.

2 moratorium on evaluations at the clinic.

3 Do you recall that being the case
4 at the time?

5 MS. CANFIELD: Objection as to
6 form. Is this something she alleged
7 in the complaint?

8 MS. HAGAN: It doesn't have to
9 be. Can we please keep objections
10 to be proper. It doesn't have to be
11 in the complaint, Ms. Canfield.
12 Stop it. Stop it now.

13 MS. CANFIELD: We're entitled
14 to know as to what she's complaining
15 about.

16 MS. HAGAN: Stop it.

17 Q I'm asking you a question. Please
18 answer.

19 A And the question was aware of a
20 moratorium between December --

21 Q November 2019 and January of 2020.

22 A I don't recall that, no.

23 Q Was there a backlog of cases at
24 that time at the Bronx Court Clinic?

25 A I don't recall. There were

1 E. FORD, M.D.

2 backlogs of cases throughout all the clinics
3 at various times.

4 Q Do you ever recall there being a
5 backlog of cases at the Bronx Court Clinic
6 while you were there?

7 A I don't -- I guess the best way to
8 answer is, I don't have a recollection that
9 there were never any backlogs at the Bronx
10 Court Clinic.

11 Q I'm going to bring something to
12 your attention. And this will be
13 Plaintiff's Exhibit 6.

14 (Whereupon, Email (NYC_00892)
15 was marked as Plaintiff's
16 Exhibit 6 for identification as
17 of this date.)

18 Q And, for the record, Plaintiff's
19 Exhibit 6 is Bate Stamped NYC892. And I'm
20 going to draw your attention to the bottom
21 of the email, November 19, 2018. And it's
22 from Dr. Kaye, right. And she said to you,
23 "Hi, Elizabeth, welcome back. Looking
24 forward to seeing you at the directors
25 meeting on the 30th. I have some important

1 E. FORD, M.D.

2 personnel related matters that I need to
3 discuss with you. Is there a time prior to
4 the 30th that we can meet in person."

5 You see that, right?

6 A I do.

7 Q Now, did you just come back from
8 leave at that time?

9 A Well, I wasn't coming back from
10 the summer leave. I don't know, maybe I was
11 on vacation. I don't know.

12 Q You testified earlier that you
13 came back from leave in September of 2018;
14 is that right?

15 A Yup. That's right.

16 Q So you came back. I guess there
17 might have been another time you might have
18 been out of the office.

19 So here on November 20th, you
20 respond, "Hi, Melissa. Nice to hear from
21 you. Happy to meet with you, but can't do
22 it the person before the 30th since I'm
23 overloaded the Rikers responsibilities and
24 will be on the island every day except
25 Thursday and Friday. And if phone possible,

1 E. FORD, M.D.

2 can we find something next week or only in
3 person can we meet after the directors
4 meeting."

5 Do you remember having a meeting
6 with Dr. Ford around this time?

7 A I'm sorry, with Dr. Ford or
8 Dr. Kaye?

9 Q With Dr. Kaye. I'm sorry.

10 A That's okay. Yes. I believe we
11 had a meeting on the 30th that was I think
12 the day of our directors meeting.

13 Q And she clearly wanted to meet
14 with you about personnel issues. You recall
15 that, right?

16 A Yes. That's what that email says,
17 yup.

18 Q Right. Did Dr. Kaye, did she ever
19 complain that she was unable to move the 730
20 exams or address the workload at the clinic
21 because there wasn't a second time full-time
22 employee like she was used to having?

23 A I recall conversations with
24 Dr. Kaye where she was talking about the
25 difficulty of moving cases around because of

1 E. FORD, M.D.

2 staffing.

3 Q And what did you do about that?

4 A I don't -- so I was in
5 communication with Dr. Jain very closely
6 about this and Dr. Jain managed that.

7 Q You didn't talk to Dr. Kaye any
8 more?

9 A I don't remember. I think I would
10 have followed up with her, but I don't
11 remember.

12 Q Now, did there ever come a time
13 when Dr. Kaye complained about having
14 Dr. Mundy reflected as her supervisor on
15 documents?

16 A I saw that in my review of the
17 emails.

18 Q So you don't remember these
19 complaints without the review of the emails?

20 A Well, the emails refresh my memory
21 of that time.

22 Q What did they refresh your memory
23 about?

24 A I think that Dr. Mundy was
25 included in a -- like he was cc'd I think as

1 E. FORD, M.D.

2 a supervisor on a -- I don't know, I can't
3 recall if it was a time issue or a salary
4 issue or -- it was sort of personal
5 information that he had been included on
6 erroneously.

7 Q Had anybody else experienced that?

8 A Not that came to my attention. So
9 I don't know if other people did or not.

10 Q Now, at some point did you ever
11 say -- did you ever ask if you could bring
12 Dr. Kaye over from Bellevue at the same rate
13 of pay as Dr. Mundy?

14 A I'm very sorry. I don't -- could
15 you repeat the question.

16 Q Were there ever any other staff
17 persons that had similar, I guess, erroneous
18 entries of like supervisors that weren't
19 their supervisors?

20 MS. CANFIELD: Objection as to
21 form. You can answer.

22 A Sure. I was aware of an error
23 like that on the treatment side, not the
24 court clinic side. And I don't know if it
25 had happened to other people in the court

1 E. FORD, M.D.

2 clinic or not.

3 Q Then I subsequently asked whether
4 or not there was an instance where you
5 advocated that Dr. Kaye get paid the same
6 amount as Dr. Mundy?

7 MS. CANFIELD: Objection as to
8 form. You can answer.

9 A Yes. I do believe that I did
10 that.

11 Q And what happened?

12 A I think -- I can't remember. I
13 can't remember if that -- I believe there
14 was a salary differential of 2,000 between
15 their two lines. And I can't recall if
16 there was something that had to do with the
17 union versus management. I can't recall
18 what happened.

19 Q But here you have Dr. Kaye who had
20 been working as a director at the center for
21 20 years, and Dr. Mundy clearly had not been
22 working there for 20 years, right?

23 A That's correct.

24 MS. CANFIELD: Objection as to
25 form.

1 E. FORD, M.D.

2 Q Did you hire Dr. Mundy?

3 A Into the court clinic position?

4 Q Yes.

5 A Sort of. Oh, did I do that or
6 Dr. Jain. I think -- I can't remember. I
7 mean, I was aware of his hiring. I can't
8 remember which of us.

9 Q Did you sign off on the hire?

10 A I did.

11 Q And so you signed off on the hire
12 and he was paid on par, if not more than
13 Dr. Kaye; is that right?

14 MS. CANFIELD: Objection as to
15 form.

16 A I don't -- let's see. I don't
17 recall what he was hired in at. I recall
18 trying to -- gosh, I don't recall. I recall
19 trying to be fair with the salary, but I
20 can't remember what that was.

21 Q So you're not sure about that?

22 A Correct.

23 Q Now, Dr. Kaye alleges that she was
24 basically demoted when the medical director
25 title was removed from her title and she was

1 E. FORD, M.D.

2 made a director. Would you disagree with
3 that?

4 A Can you repeat the question. I
5 didn't hear it.

6 Q Dr. Kaye says that she was demoted
7 when she was no longer allowed to put
8 medical director as her title.

9 Would you agree with that?

10 A I would not agree with that.

11 Q Why not?

12 A Because we decided the director
13 was as a standard title that could be
14 applied across the clinics, regardless of
15 somebody's degree. However, I was fine with
16 Dr. Kaye using medical director as her
17 title. I was fine.

18 Q But she wasn't allowed to do it
19 any more once this edict was issued, right?

20 MS. CANFIELD: Objection as to
21 form.

22 A I was not aware she was not
23 allowed to use that title.

24 Q I'm going to show you what will be
25 marked as Exhibit 7.

1 E. FORD, M.D.

2 (Whereupon, Email (NYC_000248)

3 was marked as Plaintiff's

4 Exhibit 7 for identification as

5 of this date.)

6 Q Now, Dr. Mundy was still allowed
7 to be called medical director. Did you know
8 that?

9 MS. CANFIELD: Objection as to
10 form. You can answer.

11 A I mean, I thought both were
12 allowed to be called medical director.

13 Q No. I'm going to show you what
14 will be marked as Plaintiff's Exhibit 7.
15 Plaintiff's Exhibit 7 is a series of email
16 exchange, I guess would appear to be between
17 you and Dr. Jain.

18 You see this, right?

19 A I see that.

20 Q The Bates Stamp would be NYC00248.
21 And it starts with, I guess, with an email
22 from Dr. Jain to you, and it says, "Am I
23 wrong the court clinic's title is director
24 rather than medical director or clinical
25 director. I actually thought director would

1 E. FORD, M.D.

2 even be considered higher, administrative
3 and clinical rather than just clinical.
4 It's for business cards. Turning into more
5 of a thing than I expected."

6 Do you remember this?

7 A I remember reading this email in
8 my review.

9 Q But you don't remember it
10 happening at the time?

11 A Well, it refreshed my memory some
12 of the issues.

13 Q You went on to become medical
14 director at CASES; is that right?

15 A Chief medical officer.

16 Q Right. But you were also
17 considered the medical director; am I right?

18 A Not to my knowledge, no.

19 Q Were you ever medical director
20 after you left CHS?

21 A I was the chief medical officer at
22 CASES. That's the only position that I had.

23 Q Are you going to be medical
24 director subsequent hereto now?

25 A I don't know what my titles are

1 E. FORD, M.D.

2 going to be actually. I don't know.

3 Q So earlier when you testified that
4 you were going to be medical director, that
5 was inaccurate?

6 MS. CANFIELD: Objection as to
7 form and argumentative.

8 A I hope what I said, and if I
9 didn't it was an error, I said I think my
10 title might be that, but I haven't started
11 the position yet, and those details haven't
12 been finalized.

13 Q Now, Dr. Mundy would be -- is
14 still allowed to be called medical director.
15 Are you aware of that?

16 MS. CANFIELD: Objection.

17 Ms. Hagan, you're testifying.
18 Just ask your questions.

19 MS. HAGAN: No. Well, your
20 objections are improper. So if
21 we're going to have improper
22 conduct, we're going to have to call
23 it both ways, okay.

24 MS. CANFIELD: Your questions
25 are leading.

1 E. FORD, M.D.

2 MS. HAGAN: Who to? To you.

3 And we're not at trial. So I can
4 ask her whatever kind of questions I
5 want. Stop it.

6 MS. CANFIELD: I don't think
7 so.

8 MS. HAGAN: I'm going to call
9 the Court if you continue, do you
10 understand me? I'm going to call
11 the Court. It's enough.

12 MS. CANFIELD: That's fine.
13 As you said, I'm shaking. Come on,
14 go.

15 MS. HAGAN: Yes. Exactly.

16 'Cause I know Judge *Kott --

17 Q So May 29, 2018 you, Dr. Ford,
18 basically say, "Correct that they are called
19 directors, but I think at least a few of
20 them prefer medical, or the psychologist or
21 clinical or psychologist. Agree with you
22 that director makes more sense and is
23 consistent across clinics, although since
24 Liz and Melissa functionally transferred,
25 they may get to keep their titles if they

1 E. FORD, M.D.

2 really want. Check with HR. Did this
3 happen?" And you said "sigh."

4 Do you see this?

5 A I see that.

6 Q Why did you sigh at the end of
7 that?

8 A I imagine because it was 5:49 p.m.
9 and I was -- this was an issue about
10 business cards, and that I also -- I'm not
11 sure -- my understanding was that someone
12 with an MD could keep the medical director
13 title. So I think I was also a little bit,
14 like I'm not sure why this is happening.

15 Q Apparently Dr. Kaye was not
16 allowed to keep that title, and she
17 complained about it. What happened, did you
18 try to advocate for her on this front, too,
19 or no?

20 MS. CANFIELD: Objection as to
21 form. You can answer.

22 A I recall hearing from Dr. Jain
23 which actually looks like it's in that
24 email, that he was managing it and that it
25 was resolved.

1 E. FORD, M.D.

2 Q What does it mean, it was
3 resolved?

4 A Well, let's see. Let me read the
5 email.

6 It look likes it says, it's fine
7 with Dr. Kaye, and if it's fine with
8 Dr. Mundy. Honestly, I don't know if I read
9 it -- I don't know if I thought at the time
10 it's fine to be medical director or it's
11 fine to be director.

12 Q I don't see where you say where
13 Dr. Mundy would be fine being called medical
14 director. I can read you the email and and
15 this section here. It doesn't say anything
16 about Dr. Mundy being fine with being called
17 director either. It just --

18 MS. CANFIELD: Objection.

19 Argumentative. The email speaks for
20 itself.

21 Q The email says nothing about
22 Dr. Mundy being fine with being called
23 director. Do you see anything to that
24 effect in this email, Dr. Ford?

25 A What I read was that it says, but

1 E. FORD, M.D.

2 she also said it's ultimately fine with her
3 if it's fine with Dan. Dan is Dr. Mundy.
4 That's all I said.

5 Q Right. But Dan was never called
6 director, Dan was always called medical
7 director?

8 MS. CANFIELD: Argumentative.
9 Objection. I don't know if that's a
10 question. Only answer if there's a
11 question. That was not a question.

12 MS. HAGAN: You cannot direct
13 her what to say and what to answer.

14 MS. CANFIELD: It wasn't even
15 a question.

16 MS. HAGAN: You don't know
17 what it was. And she was going to
18 answer the question until you
19 interjected and coached the witness.

20 MS. CANFIELD: Unless it's a
21 question --

22 MS. HAGAN: It was a question
23 and you are coaching the witness.

24 MS. CANFIELD: I am not.

25 MS. HAGAN: I've about had it.

1 E. FORD, M.D.

2 MS. CANFIELD: That's fine.

3 Let her answer the question first.

4 MS. HAGAN: And there's a
5 question posed.

6 Q Are you aware that Dr. Mundy is
7 allowed to keep his title of medical
8 director?

9 MS. CANFIELD: Objection. You
10 can answer.

11 A I was not really aware of this
12 title issue or that he was allowed or not.
13 I assumed that both Dr. Mundy and Dr. Kaye
14 preferred and were able to be called medical
15 director.

16 Q Did you ever speak to Dr. Kaye
17 about this issue?

18 A I don't recall if I did or not. I
19 don't remember.

20 Q You don't recall if you did or
21 not. Do you recall -- you're not sure how
22 it was resolved, right? Would that be
23 accurate?

24 MS. CANFIELD: Objection as to
25 form. You can answer.

1 E. FORD, M.D.

2 A It's correct that I don't know how
3 it was resolved. I do remember reading
4 emails from both Dr. Kaye and Dr. Mundy that
5 had medical director in their titles. So I
6 probably assumed it had been resolved in
7 that way.

8 Q Now, did there ever come a time
9 that Dr. Kaye brought to your attention that
10 she was being unfairly docked pay?

11 A Yes.

12 Q What do you recall about that?

13 A I think that she brought that to
14 my attention at the same November 30th
15 meeting -- oh, my gosh. I'm so sorry. I
16 don't know what to do about the dog.

17 I recall her saying that she had
18 taken a board exam, but I don't remember if
19 it was the regular psychiatry boards or the
20 forensic boards, and that she had been
21 docked pay for that time.

22 Q Now, had anybody else been docked
23 pay for taking board exams?

24 A In my experience ever?

25 Q Well, while you were managing

1 E. FORD, M.D.

2 court clinics.

3 A I actually don't know. I don't
4 know.

5 Q Did anybody else complain that
6 their pay had been docked?

7 A Not that I heard.

8 Q So Dr. Kaye was the only person
9 who raised this issue with you; is that
10 right?

11 A Yes. Dr. Jain had told me about
12 it, but her issue was the only one that I
13 heard about. That's right.

14 Q Now, do you remember what exams
15 that Dr. Kaye was sitting for?

16 A Again, I don't recall which board
17 exam it was. Either the general psychiatry
18 or the -- actually, it could have been child
19 adolescent. I think she's boarded in that,
20 too. It was a board exam.

21 Q Are there any other CHS staff
22 members that are triple board certified?

23 A I don't know.

24 MS. CANFIELD: Objection as to
25 form.

1 E. FORD, M.D.

2 Q Do you know of any other CHS staff
3 members who were triple board certified?

4 MS. CANFIELD: Objection as to
5 form.

6 A Yes. I know of one, two maybe.
7 On the other -- not in the court clinics.
8 And then I know, I think another person is
9 being hired.

10 Q Was Dr. Mundy triple board
11 certified?

12 A I don't recall. He did two
13 fellowships. So he may have been triple
14 board certified. I don't remember.

15 Q Was Dr. Ciric triple board
16 certified?

17 A I don't know. I don't think so.

18 Q Was Dr. Winkler triple board
19 certified?

20 A Dr. Winkler was a psychologist.
21 I'm less familiar with the psychology board,
22 if there's even boards.

23 Q So there are no boards for
24 psychology, right?

25 MS. CANFIELD: Objection to

1 E. FORD, M.D.

2 form.

3 A I don't know. I think there is an
4 exam that's similar to a board, but I don't
5 know the details.

6 Q Now, did CHS management ever play
7 a part in influencing the outcome of any
8 exams while you were there?

9 A Not to my knowledge, no.

10 Q Did CHS management ever express or
11 follow any particular cases more closely
12 than others?

13 A There were times when there we
14 were -- when there somebody who had a long
15 delay between the order for the 730 and the
16 evaluation at the various clinics. I can't
17 remember where. But those cases, I only
18 heard of maybe a couple. I think Dr. Jain
19 knew of more. And we would try to get those
20 cases completed quickly or faster.

21 Q Now, did like media coverage also
22 impact how exams were processed?

23 A Not to my knowledge.

24 Q So let's say the Jose Gonzalez
25 case, the EMT killer case. Were you aware

1 E. FORD, M.D.

2 of that case?

3 MS. CANFIELD: Can we list
4 this as confidential.

5 Q The EMT killer case, are you aware
6 of that?

7 A It ring some bells. I couldn't
8 tell you any details, but I don't know.

9 Q Were you aware that management
10 wanted him to be found fit?

11 A No. I was not aware of that.

12 Q You didn't have any part in
13 following up what was happening with that
14 particular case during the course of your
15 employment?

16 A In terms of the outcome of that
17 case?

18 Q Yes.

19 A No. I did not.

20 Q Were you aware that there was a
21 contra version exam -- a contra version
22 hearing, I'm sorry?

23 A Now that you say it, it's
24 reminding me that maybe that was correct,
25 but I don't know.

1 E. FORD, M.D.

2 Q What do you remember about the
3 contra version hearing?

4 A Just that as you say it, I'm
5 thinking that there might have been a contra
6 version. That's like literally all I can
7 remember.

8 Q We'll go back to that.

9 Now, Dr. Kaye also talked about
10 being a victim of harassment in terms of her
11 credentialing and fishing emails. Do you
12 remember that?

13 A My memory was refreshed by looking
14 at some of the emails that related to -- I
15 was forwarded an email that had to do with,
16 I think request for licensing and
17 credentialing stuff on a very short time
18 line.

19 Q Now, were other directors
20 subjected to that short time line, as far as
21 licensing and credentialing?

22 A I don't know.

23 Q Dr. Kaye, there was a question as
24 to whether or not this information was lost.

25 Were you aware of that?

1 E. FORD, M.D.

2 MS. HAGAN: Objection as form.

3 You can answer.

4 A Aware that the credentials had
5 been lost?

6 Q Well, Dr. Kaye alleged that all
7 this information was on file, and during the
8 course of the email exchange there was a
9 question as to whether or not that
10 information had been, you know, I guess
11 lost.

12 MS. CANFIELD: Is that a
13 question?

14 Q I'm asking, Dr. Ford, do you
15 remember any of those kind of conversations?

16 MS. CANFIELD: Object as to
17 form. Go ahead.

18 A I don't remember conversations
19 about credentials being lost.

20 Q Well, do you recall Dr. Kaye being
21 concerned about the nature of the emails and
22 the questioning that they were requiring
23 from her?

24 A I do recall that, yes.

25 Q And what did you do?

1 E. FORD, M.D.

2 A So those -- my recollection is
3 that Dr. Jain was managing that and that --
4 but mostly HR and -- and then I stopped
5 hearing about it, so I feel like it got
6 resolved.

7 Q Could it be fair to say that --
8 I'm going to ask you.

9 Dr. Kaye views this as a
10 retaliatory action, in retaliation of her
11 complaint. She amended her EEOC charge in
12 September of 2018, and here it is in
13 December 3rd, 2018, management is asking her
14 all these questions about her credentials.
15 Now, she's alleging that there is
16 retaliation that took place here.

17 Would you disagree with that?

18 MS. CANFIELD: Objection.

19 A I don't have any knowledge of
20 retaliation.

21 Q So, now, in this instance, what
22 did you do to ensure that Dr. Kaye was not
23 being a victim of identify theft?

24 MS. CANFIELD: Objection as to
25 form. You can answer.

1 E. FORD, M.D.

2 A What did I do personally?

3 Q Yeah. Did you look into it
4 yourself?

5 A No. I did not look into the
6 identity theft personally. I communicated
7 with Dr. Jain to keep me updated on whatever
8 investigation was happening. I'm not sure
9 who does that, HR or, I'm not sure, IT, I
10 can't remember who. What I did was talk
11 with Dr. Jain about keeping me updated until
12 it was resolved.

13 Q Now, at some point did you say it
14 would be better for you to respond to
15 Dr. Kaye about this instead of Dr. Jain?

16 MS. CANFIELD: Objection as to
17 form. You can answer.

18 A I don't know. Did I --

19 Q I'm going to help you.

20 A I don't remember.

21 Q I'm going to help you out,
22 Dr. Ford.

23 A Okay. Thank you.

24 Q I'm going to show you what's
25 marked as Plaintiff's Exhibit 8.

1 E. FORD, M.D.

2 (Whereupon, Email

3 (NYC_000969-970) was marked as

4 Plaintiff's Exhibit 8 for

5 identification as of this date.)

6 Q And it bears the Bate Stamp series

7 NYC969 through 970. So at the bottom of the

8 email, it's an email from, I guess, Justine

9 McGranaghan. Do you remember this person?

10 A Vaguely.

11 Q And then there's Dr. Jain and then

12 there's a Keisha Bailey.

13 "As discussed, my colleague Maria

14 Oliver has now updated Melissa Kaye's

15 information on PeopleSoft to reflect that

16 she reports" -- different emails. Okay,

17 here it is.

18 Then, "FYI, I should briefly reply

19 all to Dr. Kaye's email with this updated

20 information." Right? This is from Dr. Jain

21 to you and Mr. Wangel.

22 Do you see that?

23 A I do see that, yup.

24 Q Then you suggest, "How would you

25 suggest I reply to Melissa or better for you

1 E. FORD, M.D.

2 to do it. Would prefer to see -- I guess
3 you meant, see -- leave Beesh out of this.

4 A I think I meant to keep, but, yes,
5 I do see that.

6 Q Why do you say you prefer to keep
7 Beesh out of this?

8 A Because I -- let's see. Can we --

9 Q Did you want to go further up or
10 down?

11 A No. Sorry. To the first part of
12 the thread.

13 Q Okay. Sure.

14 A So this is related to the reports
15 to and Dr. Mundy getting that information.

16 My understanding is this about the
17 email that was erroneously sent with a CC to
18 Dr. Kaye. And that -- I don't know -- I
19 actually don't know why I wrote to the
20 prefer -- my guess is that it was because I
21 was responsible for the org chart, like the
22 ultimate org chart and the reporting and --

23 Q So it wasn't because they had an
24 acrimonious relationship, she and Dr. Jain?

25 A Not that I recall. This -- not

1 E. FORD, M.D.

2 that I recall. There was -- Dr. Kaye had
3 told me on that November meeting that she
4 was having some troubles with Dr. Jain.

5 Q What did she say?

6 A Well, again, I can't remember the
7 specifics. Something about getting along or
8 him not being sensitive to her. I can't
9 remember. I'm sorry.

10 Q At any point did Dr. Kaye tell you
11 that Dr. Jain was destroying his handwritten
12 notes of exams?

13 A I think she may have told me
14 that -- I think she may have told me that.
15 I'm not sure if I heard it from her or
16 someone else.

17 Q Is that a class E felony?

18 A I have no idea.

19 Q When that was brought to your
20 attention about Dr. Jain allegedly
21 destroying his notes, what did you do?

22 A I spoke with Dr. Jain, and I spoke
23 with -- I think I spoke with Mr. Wangel, and
24 Dr. Jain had the notes. I think I recall --
25 he had the notes, so they hadn't been

1 E. FORD, M.D.

2 destroyed.

3 I recall there was concern that
4 the notes had been removed from a file or
5 they had gone missing. And that I recall
6 the notes appeared again and -- that's what
7 I recall.

8 Q Did any lawyers complain to you
9 about Dr. Jain?

10 MS. CANFIELD: Objection as to
11 form. You can answer.

12 A I'm trying to think. Not that I
13 can -- I don't think so. Not that I
14 remember.

15 Q So you never heard any complaints
16 from Legal Aid Society or any of the other
17 defense community about Dr. Jain?

18 A No. Not that I remember.

19 Q Did you hear any other complaints
20 about Dr. Brayton from any of the defense
21 community?

22 A No. I don't think so.

23 Q Did you hear any complaints about
24 the moratorium or exams from the complaints
25 community?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection as to
3 form. You can answer.

4 A Yeah. I don't recall moratorium,
5 but I don't remember hearing from any
6 attorneys, I guess you call it moratorium.

7 Q What about work stoppage?

8 A I don't recall hearing from any
9 attorneys about that.

10 Q What about judges?

11 A No judges. Sorry. I don't recall
12 hearing from any judges about that either.

13 Q Now, I'm going to show you what
14 will be marked as Plaintiff's Exhibit 9.

15 (Whereupon, Email
16 (NYC_002869-2870) was marked as
17 Plaintiff's Exhibit 9 for
18 identification as of this date.)

19 Q So Plaintiff's Exhibit 9 is --
20 before I move on. Did Peter Jones from
21 Legal Aid Society ever talk to you about the
22 court clinics?

23 A I'm sorry. What was the name?

24 Q Peter Jones.

25 A That name is not familiar to me.

1 E. FORD, M.D.

2 Q So you don't know Peter Jones from
3 Legal Aid Society?

4 A Peter Jones. I don't remember
5 that name. I don't remember that name.

6 Q I'm going to continue. So I'm
7 going to mark this as Exhibit 9. And it's
8 going to be -- it bears the Bates series
9 NYC2869 to NYC2870. It starts with a
10 message from Andrea Swenson to Dr. Jain.

11 You see that, right?

12 A Yes. I see that.

13 Q And Ms. Swenson's complaining
14 about Dr. Kaye. She says, "Hello, please
15 help me with something. These timekeeping
16 reports have become a problem. Dr. Kaye
17 does not want to be treated like a secretary
18 and responsible for giving Dr. Brayton her
19 timekeeping report. She thinks this is a
20 secretary's job and that she is being
21 treated like a secretary. She says that
22 physicians are the reason why I and Lucrecia
23 have a job and she should be treated like
24 one." Right.

25 Now, did you have a problem with

1 E. FORD, M.D.

2 what Ms. Swenson said or alleged against
3 Ms. Swenson?

4 MS. CANFIELD: Objection as to
5 form. You can answer.

6 A Sure. I don't -- I wasn't on this
7 email. I learned of this, I can't remember
8 when I learned of it. If you have a thread
9 maybe I --

10 Q -- this part. I don't know when
11 or whatever.

12 So you said you don't remember --
13 now, Dr. Ford, do you recall an allegation
14 of unprofessional conduct or complaint of
15 unprofessional conduct being made against
16 Dr. Kaye regarding this incident?

17 A I recalling learning about this
18 incident from Dr. Jain. And then at some
19 point I recall having access to this email.
20 I can't remember at what point. And then I
21 recall discussing with, I think it was
22 Dr. MacDonald, who was my supervisor. And I
23 think it was -- I heard reports from
24 Dr. Jain about updates. I feel like it
25 was -- and I think it was investigated.

1 E. FORD, M.D.

2 Q What was unprofessional about this
3 email, about -- was it unprofessional that
4 Dr. Kaye said she did not want to be treated
5 like a secretary?

6 MS. CANFIELD: Objection as to
7 form. You can answer.

8 A Sure. I guess I would say it
9 depends on the tone, but I don't think it's
10 unreasonable for a physician to say that
11 they are not a secretary.

12 Q Is it unprofessional for her to
13 say that she's the reason that Ms. Swenson
14 has a job and Lucrecia have jobs?

15 A I do find that unprofessional.

16 Q Is it unprofessional or is it
17 offensive?

18 A I'm sorry, is it?

19 Q Unprofessional or offensive.

20 A I think things that are offensive
21 are also unprofessional. So it goes with
22 both.

23 Q So if someone offends you, it's
24 your opinion that it's unprofessional?

25 MS. CANFIELD: Objection as to

1 E. FORD, M.D.

2 form. You can answer if you're
3 able.

4 A Well, let's see. So I think --
5 being offended by is an individual response.
6 So I think people can have varying responses
7 to statements that may or may not be
8 offensive. My understanding was that
9 Lucrecia felt offended.

10 But was Lucrecia there when this
11 exchange took place?

12 A My understanding is that she was,
13 but I don't -- actually, no, I take that
14 back. I don't remember completely, but
15 that's what I recall.

16 Q Now, I would like to bring your
17 attention to this portion of it.

18 "She would further like to know if
19 Dr. Mundy, Owen and Winkler are being
20 treated like secretaries and asked to
21 distribute administrative paperwork."

22 So, first and foremost, were
23 Dr. Mundy and Owen and Winkler being
24 required to sign off on time sheets?

25 A I don't remember, but I think yes.

1 E. FORD, M.D.

2 Q Oh, you do?

3 A I think for their staff, for the
4 clinical staff.

5 Q Was Dr. Brayton Dr. Kaye's staff
6 person?

7 A She was -- thank you for
8 refreshing with this question line. I
9 actually, now that I think about it, I don't
10 remember if it was operations -- I'm sorry.
11 There was an administrative side and a
12 clinical side to each clinic. And I
13 actually, now that you bring it up to me, I
14 can't recall if the administrative, like the
15 head administrator signed everyone's time
16 sheets or just the administrative people.

17 Q Who was the head administrator?

18 A For all the court clinics?

19 Q Um-hmm. Yes.

20 A I think it was Andrea Swenson at
21 this time.

22 Q So when did this administration
23 function come into play?

24 MS. CANFIELD: Objection as to
25 form.

1 E. FORD, M.D.

2 A My recollection is that in the
3 conceptualization of the clinics prior to
4 the transfer, the org charts were created to
5 have clinical side and administrative side.

6 Q And when did that happen?

7 A When did the org chart get
8 discussed or when did it get implemented?

9 Q When did it get implemented.

10 A I believe it was implemented at
11 the time that the clinics transferred over
12 to CHS.

13 Q Now, and that's -- I mean, that
14 didn't happen all at once. Some of that
15 happened, I guess, in the summer months, I
16 mean, prior to July 2018 when the Bronx
17 actually was transferred, and there were
18 others that were earlier; am I right?

19 A The Brooklyn and Queens clinic
20 transferred over in the -- I think the end
21 of April of 2018.

22 Q Right. Now, she also writes, "She
23 thinks she's not being taken seriously as a
24 physician if she comes off of payroll, it's
25 criminal. I told her that we talked about

1 E. FORD, M.D.

2 Teleakie, and that Jessica responded and she
3 said I was lying. We have known about this
4 since March and have done nothing."

5 Do you recall any of that?

6 A I don't recall this other than
7 just reading this email. I don't recall --
8 yeah. I don't recall anything further,
9 other than what you're showing me on the
10 screen.

11 Q So then I'm going to scroll up
12 some, Dr. Ford.

13 Dr. Jain says, unfortunately --
14 FYI, unfortunately -- and he's emailing you
15 at this point.

16 I did not get this until later in
17 the day, but Andrea, Clarence and Carlos
18 were able to work something out to address
19 these concerns regarding Dr. Kaye. Andrea
20 called me more recently and described that
21 Dr. Kaye continued for 40 minutes. It was a
22 tense environment throughout the day.

23 Dr. Brayton and Lucrecia were also present
24 at the clinic, right? Do you remember that?

25 A I see this email and I remember

1 E. FORD, M.D.

2 that this event sort of happened.

3 Q Now, he talks about Dr. Kaye's
4 refusal, alleged refusal to see more than
5 two people a day. I guess at some point
6 they must have requested that she see three.

7 Now, also there is more
8 information regarding interactions between
9 Mr. Bloom and Drs. Brayton and Mullan that
10 recently I learned, and that we should
11 discuss -- I guess there's a typo here --
12 let me know when you next have some time.
13 Sorry to email this late on a Friday, but
14 didn't want to sit on it anymore and keep
15 you informed."

16 Are you remembering any more after
17 hearing that?

18 A Well, it looks like I forwarded
19 this email to Dr. MacDonald and Mr. Wangel.

20 Q But that part seems to be missing.

21 A Yeah. I don't recall anything
22 over the weekend or further about that.

23 Q Just for the record, I call for
24 production of the email that Dr. Ford
25 forwarded to Drs. Ross and Mr. Wangel.

1 E. FORD, M.D.

2 MS. CANFIELD: It's right
3 there.

4 MS. HAGAN: It's not right
5 there. That's not true. It's not
6 there.

7 MS. CANFIELD: It's right
8 above -- this is all we have.

9 MS. HAGAN: No. That's not
10 true. I'm going to follow up in
11 writing.

12 MS. CANFIELD: Ms. Hagan, it
13 says forward --

14 MS. HAGAN: It does not say
15 forward. It does not.

16 MS. CANFIELD: The subject
17 says forward.

18 MS. HAGAN: It's not there.
19 I'm not going to go back and forth
20 with you. I will followup in
21 writing.

22 MS. CANFIELD: We'll take it
23 under advisement, but everything has
24 been produced.

25 MS. HAGAN: It has not been

1 E. FORD, M.D.

2 produced and you know it hasn't. So
3 let's go.

4 Q June 3rd, Dr. MacDonald says to
5 you, Dr. Ford, that, "I agree assistance
6 with Bronx." Do you see that?

7 A I do.

8 Q Now, there seems to be somewhat of
9 a gap here again. We'll followup in
10 writing.

11 Then at 8:00 a.m. the next day, on
12 June 4th, a Mr. Wangel chimes in, "We'll
13 draft a separate writeup in addition to the
14 unauthorized recording. Can be served
15 simultaneously."

16 Do you remember that?

17 A I saved this email. Yeah. I
18 remember hearing from Jonathan that they
19 would be managing this piece from here on.

20 Q But you are actually responsible
21 for giving her these different writeups; am
22 I right?

23 A My understanding, and I think I
24 learned about this a few weeks later, what I
25 thought I was supposed to do was like

1 E. FORD, M.D.

2 actually give Dr. Kaye the pieces of paper.

3 I mean, I didn't know that I was
4 supposed to do that, but I was told that,
5 and then we scheduled a time to do that.

6 Q So you scheduled a time for you to
7 actually give her the actual writeup; am I
8 right?

9 A Yes. That's correct.

10 Q And do you know what happened
11 during that time?

12 A During the meeting?

13 Q Yes.

14 A Sort of. And I also -- there's an
15 email, I think, that I sent, that I reviewed
16 that helped refresh, but I believe it was
17 the beginning of July that we met. I
18 remember that we met in the clinic, in the
19 Bronx clinic.

20 I believe Dr. Kaye's
21 representation was there, who's name I can't
22 remember, I'm sorry, and Clarence Muir was
23 there also, who was -- I think he might
24 have -- I can't remember his official title.
25 I believe he was part of operations. And I

1 E. FORD, M.D.

2 remember -- I don't remember how long it
3 lasted.

4 I remember that Dr. Kaye told me
5 that this was the first or close to the
6 first time she was hearing about this, and
7 had a lot of -- I don't know of a lot. I
8 remember that she had questions about the
9 process of how this had all -- I think about
10 how the letter had been created. And I
11 didn't have a lot of those answers.

12 And she had questions about the HR
13 and labor processes, that I also didn't have
14 a lot of answers -- I'm not sure I had any
15 answers about. And she had a concern that
16 she had not been told about this prior to
17 receiving a letter. And I think she also
18 sign -- I don't remember if she signed it at
19 that time, but I do recall that she
20 eventually signed it under protest.

21 Q At any point did Dr. Kaye tell you
22 that she believed that this letter was in
23 retaliation for her lawsuit?

24 A I don't remember if she said that
25 or not in that meeting. Sorry.

1 E. FORD, M.D.

2 Q Now, as far as this memo is
3 concerned, right, did you ever speak to
4 Dr. Kaye and get her version of what
5 transpired between she and Ms. Winston and
6 Ms. Persuad?

7 A I don't think that I did. I know
8 Dr -- my recollection is that Dr. Jain had
9 those discussions and spoke to me about
10 those. And I was under the impression that
11 conversations were -- that this was being
12 managed by labor.

13 Q If it was managed by Dr. Jain and
14 labor, why are you giving her the memo?

15 A So I was not clear about that.
16 And I recall talking with labor and HR about
17 that. And I think, unfortunately, after the
18 fact, I can't remember why or if I thought
19 to inquire prior to delivering it.

20 Q Now, I'm going to, I guess, show
21 you another exhibit, because I have some
22 questions, and this is the actual memo.

23 MS. CANFIELD: Ms. Hagan, is
24 it possible after this line of
25 questioning that we can take a

1 E. FORD, M.D.

2 break, like five minutes?

3 MS. HAGAN: Yeah. I'd like to
4 get through this, though.

5 MS. CANFIELD: Like I said,
6 after this, please.

7 (Whereupon, Memo (NYC_002978)
8 was marked as Plaintiff's
9 Exhibit 10 for identification as
10 of this date.)

11 Q The date is June 6, 2019. It's
12 from you, Dr. Ford, to Dr. Kaye.

13 Do you see at that?

14 A I see that, yes.

15 Q Now, did you participate in the
16 drafting of this memo at any point?

17 A I did not.

18 Q So why did you agree to give this
19 to Dr. Kaye?

20 A I don't know.

21 Q You weren't there when any of
22 allegations in this memo took place; am I
23 right?

24 A You mean was I present at the
25 time?

1 E. FORD, M.D.

2 Q You had no firsthand knowledge as
3 to what happened that lead to this --

4 A That's correct.

5 Q And you didn't write this memo; am
6 I right?

7 A That's correct.

8 Q Now, it's dated June 6. You see
9 that, right?

10 A I see that.

11 Q But everybody who is there signed
12 on July 1st, 2019. You see that, right?

13 A I see that.

14 Q Why is there a discrepancy between
15 the date that it was actually allegedly sent
16 by you to Dr. Kaye and the date that
17 everyone signed?

18 MS. CANFIELD: Objection as to
19 form. You can answer.

20 A Sure. So my recollection is that
21 I received -- I can't -- I don't know -- I
22 wasn't part of the drafting of those, so I
23 can't speak to the June 6th date. And I
24 look -- I refreshed my mind with the emails
25 that I saw. It appeared that I got notified

1 E. FORD, M.D.

2 somewhere in the middle of June that it was
3 my responsibility to deliver these. And I
4 believe it took -- I believe Dr. Kaye was on
5 leave at that time, and July 1st, once she
6 got back, we scheduled this was the earliest
7 we could do.

8 Q Now, you're signing off on this,
9 but you had absolutely no firsthand
10 knowledge about any of these things; am I
11 right.

12 MS. CANFIELD: Objection as to
13 form. You can answer.

14 A It's correct that I have no
15 firsthand knowledge. I did have knowledge
16 that there had been a investigation, and
17 this was the recommendation from the
18 investigation.

19 Q Who conducted the investigation?

20 A I don't remember who. I have a
21 recollect -- I think it went to the office
22 of compliance -- I'm going to get the name
23 wrong. I think there was a corporate
24 compliance investigation.

25 Q Do you recall any of the other

1 E. FORD, M.D.

2 employees that may have been involved in, I
3 guess, what lead up to this memo?

4 A No.

5 Q Do you know who drafted the memo?

6 A I don't recall who specifically,
7 but I believe it was drafted by labor
8 relations.

9 Q And who was in charge of labor
10 relations at the time?

11 A I think it was Jonathan Wangel.

12 Q And --

13 A I think.

14 Q So you're not sure if it was
15 Jonathan Wangel, but you believe it could
16 have been?

17 A I think -- yeah. I'm not sure,
18 but I think it was.

19 Q Who's Mr. Muir?

20 A That's Clarence Muir. He's the
21 operations gentleman who was with me at the
22 meeting. And, as I said earlier, I can't
23 recall if he was the head of the
24 administrative part of the clinics at that
25 time, or at a higher level. I don't

1 E. FORD, M.D.

2 remember.

3 Q Now, you don't remember Dr. Kaye
4 specifically saying this memo's because she
5 filed a lawsuit?

6 A I don't remember her saying that.

7 Q Now, did Ms. Swenson report to
8 Mr. Muir?

9 A That's what I don't remember. I
10 think so. There were -- I think so. There
11 is a lot of -- this is a while ago.

12 Q Did Mr. Muir report to Mr. Wangel?

13 A I don't believe so. I believe Mr.
14 Muir reported to Carlos Castellanos who was
15 the head of operations.

16 Q Now, this particular memo, the
17 allegations of unprofessional conduct can
18 have a big impact on a physician's career;
19 am I right?

20 MS. CANFIELD: Objection.

21 Conclusion. You can answer.

22 A I don't know if a kind of memo
23 like this -- this doesn't -- my
24 understanding of this is it was like a
25 warning. I don't think this -- this doesn't

1 E. FORD, M.D.

2 get reported anywhere. I certainly didn't
3 report it.

4 Q It doesn't say warning on the memo
5 at all, does it?

6 MS. CANFIELD: Objection as to
7 form. Maybe you can show her the
8 entire document.

9 Q Do you see the word warning
10 anywhere in this document?

11 MS. CANFIELD: Objection as to
12 form. You can answer.

13 A If you can just show me.

14 Q I'm going to search so we can look
15 for it right now, warning.

16 MS. CANFIELD: I think going
17 forward you're expected to adhere to
18 the NYC Health and Hospital
19 principals of professional conduct.
20 I think that is a warning of putting
21 someone on notice.

22 MS. HAGAN: You're testifying
23 for the record, Ms. Canfield. This
24 document say nothing about a
25 warning.

1 E. FORD, M.D.

2 Q Do you see the word warning in
3 here?

4 MS. HAGAN: And do not coach
5 the witness again.

6 MS. CANFIELD: Objection as to
7 form.

8 Q Is the word warning in this
9 document?

10 A If you could just scroll up so I
11 can see the top.

12 Q Sure.

13 A Let's see. I don't see a warning.
14 That was my understanding of what it was.
15 And there was communication after this --
16 after the meeting I had with Dr. Kaye, where
17 I emailed HR and labor to ask why they
18 weren't there. And there was some
19 explanation that this was considered a
20 warning or a pre-discipline.

21 Q Is pre-discipline written in this
22 memo?

23 MS. CANFIELD: Objection as to
24 form. That's not what she
25 testified, but go ahead, you can

1 E. FORD, M.D.

2 answer.

3 A I don't see that in here, no.

4 Q Now, have you ever heard of the
5 term disruptive physician, Dr. Ford?

6 A Disruptive physician?

7 Q Yes.

8 A No. I haven't heard that as a
9 formal term of art. No.

10 Q Have you ever heard of physicians
11 being brought up on charges of
12 unprofessional conduct or being a disruptive
13 physician?

14 A I know that there is the office
15 for -- well, I can't remember the title, but
16 it's basically about physician misconduct.
17 There's a state reporting about that.

18 Q Are you aware that Dr. Kaye is
19 obligated to report that she has this
20 document in her personnel file?

21 MS. CANFIELD: Objection as to
22 form. You can answer.

23 A Sure. I am not aware that she
24 would have to report this, no.

25 Q Would you report this if you had

1 E. FORD, M.D.

2 this document in your personnel file?

3 A Probably not.

4 Q So if you were applying for a
5 license in another state, you would not
6 report this document in your personnel file?

7 A Well, I guess, what I first do is
8 consult with somebody who knows better than
9 I what should be reported, but because this
10 doesn't relate to patient care, and it's not
11 a discipline, I don't think this is a -- I
12 don't think this is a reportable thing. So
13 I guess that's my answer. I would consult
14 first before I do anything.

15 Q At any point did you tell
16 Dr. Kaye's union representative that this
17 was, I guess, a preliminary step toward
18 termination?

19 MS. CANFIELD: Objection as to
20 form.

21 A No. Not that I remember.

22 Q You allege that -- you recall that
23 Dr. Kaye told you that she had not received
24 any kind of progressive discipline before
25 getting this particular document.

1 E. FORD, M.D.

2 Do you recall that.

3 MS. CANFIELD: Objection as to
4 form.

5 A What I recall is that she said
6 that nobody had talked to her about it, like
7 before this letter arrived.

8 Q And you hadn't talked to her about
9 it, including yourself, right?

10 MS. CANFIELD: Objection as to
11 form.

12 A That's correct.

13 MS. HAGAN: Let's take 15
14 minutes. You said you wanted to
15 take a break.

16 MS. CANFIELD: Thank you.

17 (Whereupon, a recess was taken
18 from 3:33 p.m. to 3:53 p.m.)

19 Q Dr. Ford, I'm just going to ask
20 you some general questions.

21 Now, do you recall a time in
22 January 2014 that Dr. Kaye complained to you
23 and Doctor's Council about age
24 discrimination amongst female physicians?

25 A I don't recall -- no. I don't

1 E. FORD, M.D.

2 remember that.

3 Q Now, you said you left Bellevue in
4 July. Was July 2, 2014 the actual time that
5 you left Bellevue to go to CHS?

6 A I think July 2nd was my last day
7 at Bellevue. And then I didn't -- I took
8 the summer, and then started at CHS on
9 September 2nd, or somewhere around there,
10 2014?

11 Q Now, Dr. Kaye -- we went over
12 earlier that Dr. Kaye complained about
13 redacted medical records. Do you recall
14 whether Dr. Ciric, Winkler and/or Mundy
15 complained about the redacted medical
16 records as well?

17 A I don't recall -- yeah. I don't
18 recall.

19 Q Now, Dr. Collin, did he actually
20 also complain?

21 MS. CANFIELD: Objection as to
22 form.

23 A I don't know.

24 Q Did you hear complaints about
25 redacted medical records from any of the

1 E. FORD, M.D.

2 male evaluators and/or managers at CHS at
3 the time?

4 A Gosh, I can't recall. I'm sorry.
5 I can't remember.

6 Q Now, I'm going to continue on the
7 line of, I guess discipline, and some of the
8 adverse employees action that Dr. Kaye
9 experienced.

10 Now, is it your testimony that the
11 unprofessional conduct memo was not
12 retaliatory for Dr. Kaye's lawsuit?

13 A It was not my understanding that
14 that was retaliatory.

15 Q How did you feel when you found
16 out that Dr. Kaye filed a lawsuit against
17 you and the other managers at CHS?

18 A Not great.

19 Q Well, explain. Elaborate.

20 A Well, it doesn't feel good to be
21 sued. So I did feel like I had tried my
22 very best to advocate for her requests.
23 Yeah.

24 Q Did you feel that the base she
25 alleged you engaged in were untrue?

1 E. FORD, M.D.

2 A As I mentioned before, my
3 recollection of reading the complaint is
4 that there were areas in there that I did
5 not think were correct.

6 Q Like what?

7 A So I'd have to look. If we could
8 look at the complaint.

9 Q We'll get to that. But I'm just
10 trying to base off your memory.

11 A Sure. I can't give you those
12 details, unfortunately. But I remember
13 reading and thinking that's -- I don't agree
14 with that.

15 Q By the time the lawsuit was filed,
16 how would you describe your relationship
17 with Dr. Kaye?

18 A And if you could just remind me,
19 the lawsuit was filed when?

20 Q There was the amended complaint,
21 and there were a number of things. Let's
22 say the amended complaint was filed -- the
23 amended complaint was filed in April 30,
24 2019.

25 MS. CANFIELD: Do you know

1 E. FORD, M.D.

2 when it was served?

3 MS. HAGAN: That was around
4 that time, so yes.

5 A So the question is, what was my
6 relationship with Dr. Kaye like at that
7 point?

8 Q Yes. In April, May of 2019.

9 A I don't recall that it was any
10 different than at any other time in our
11 working relationship.

12 Q So it didn't impact your
13 relationship either way; is that what you're
14 testifying?

15 A I'm sorry. What didn't impact?

16 Q The lawsuit.

17 A No. I mean, it didn't impact my
18 professional relationship with her.

19 Q What about your feelings toward
20 Dr. Kaye, were you angry with her by that
21 point?

22 A I was not angry with Dr. Kaye. I
23 do strongly believe in everybody's -- I do
24 strongly believe that if someone feels a
25 grief, they can file a lawsuit. So that

1 E. FORD, M.D.

2 is -- I felt -- I guess I felt disappointed.

3 Q Disappointed, what do you mean?

4 A Probably the best feeling.

5 Q Disappointed in who?

6 A I don't know if I was disappointed
7 with anybody. Just that the situation was
8 as it was.

9 Q Have you ever been sued before,
10 Dr. Ford?

11 A Not to my knowledge, no.

12 Q Has anyone ever accused you of
13 discrimination in the past?

14 A Nope.

15 Q Has anyone filed a grievance
16 against you in the past?

17 A Not that I'm aware of.

18 Q Now, getting back to the
19 unprofessional conduct memorandum that we
20 were talking about earlier. I want to draw
21 your attention to that.

22 It says, memorandum serves as a
23 notice of other staff -- well, let's move on
24 from that. I'm sorry, I didn't mean to go
25 back to that. I'm sorry.

1 E. FORD, M.D.

2 I want to talk about recording
3 exams. Let's go back to this. So this will
4 be marked as Plaintiff's Exhibit 11.

5 (Whereupon, May 29, 2019 Exam
6 Recording was marked as
7 Plaintiff's Exhibit 11 for
8 identification as of this date.)

9 Q This is the audio recording of
10 730 competency evaluations. You see that,
11 right?

12 A No. I don't see anything on the
13 screen.

14 Q Oh, I'm sorry. Let me do the
15 share again. I'm sorry.

16 The recording of the exam, right.
17 And here it is, May 29, 2019.

18 You see that, right?

19 A I do.

20 Q We just established that the
21 complaint was filed on April 30, 2019. You
22 saw that, right?

23 A I heard you say that, yes.

24 Q Right. So on May 29th, there's a
25 memo from you, Dr. Ford, to Dr. Kaye,

1 E. FORD, M.D.

2 regarding the audio recording of 730
3 competency evaluations.

4 You see that, right?

5 A I see that.

6 Q Did you write this memo?

7 A I did not write this memo.

8 Q Did you have a part in writing the
9 memo?

10 A I did not have a part in writing
11 this memo.

12 Q Again, why are you signing and
13 issuing these memos that you didn't have any
14 part in writing? Did you have a right to
15 say, no, I'm not going to do this because I
16 didn't write it?

17 A So I guess -- I was certainly
18 aware of the issues that had been presented
19 as problematic and that there was, again, I
20 think it was corporate compliance and
21 investigation, and that the recommendation
22 had been to issue a form like this.

23 I was the responsible -- I mean, I
24 was the head of the service. And while I --
25 and I also agreed that these were both, in

1 E. FORD, M.D.

2 my opinion, inappropriate things to have
3 done. I was surprised, it is true, to learn
4 that this was the first, at least according
5 to Dr. Kaye, this was the first she had
6 heard of these things.

7 Q So first and foremost, you didn't
8 write this memo, did you participate in any
9 kind of process to develop the language in
10 the memo?

11 MS. CANFIELD: Objection.

12 Asked and answered. You can answer
13 again.

14 A Yeah. I was not involved in
15 drafting this memo.

16 Q Was anyone involved that had any
17 background in psychiatry or psychology in
18 drafting this memo?

19 A I don't know.

20 Q Do you know who wrote the memo?

21 A Again, as I answered -- this was
22 the same for the other memo that we talked
23 about, I don't remember -- I don't know or
24 remember -- actually, I don't remember. I
25 probably knew at the time who wrote it.

1 E. FORD, M.D.

2 Q Did anyone come to you to ask you
3 about what was the standard practice in
4 forensic psychiatry as it pertained to
5 recording exams?

6 MS. CANFIELD: Objection. You
7 can answer.

8 A I had discussion with -- yes. I
9 believe I spoke with Dr. MacDonald,
10 Ms. Yang, Mr. Wangel. Certainly I remember
11 speaking with Dr. Jain. And he did some
12 research into standards of practice about
13 recording. And I did agree that recording
14 defendants evaluation without their consent
15 seemed at least unethical. I don't know if
16 there's a specific law that makes it
17 illegal.

18 Q Did you tell Dr. Kaye that
19 Mr. Wangel was a (inaudible) --

20 A I don't -- not that I remember. I
21 don't know.

22 Q Now, I'm going to get into the
23 substance of it. This memo serves as a
24 notice that you inappropriately recorded the
25 730 competency evaluation without

1 E. FORD, M.D.

2 authorization.

3 Why was her recording of the 730
4 competency evaluation inappropriate?

5 A In my opinion, and this is in my
6 opinion, it has to do with notifying the
7 defendant that they're being recorded. I
8 don't know if the Office of Corporate
9 Compliance found another reason that it was
10 inappropriate.

11 Q Now, you didn't tell Dr. Kaye that
12 because she didn't notify the defendant that
13 she had recorded the exam that it was
14 inappropriate? Did you tell her that?

15 MS. CANFIELD: Objection as to
16 form.

17 A Could you rephrase that, please.

18 Q Did you tell Dr. Kaye that you
19 found her recording the exam without consent
20 inappropriate?

21 MS. CANFIELD: Objection as to
22 form. You can answer.

23 A I don't -- I probably told her
24 that during that meeting, the July 1st
25 meeting.

1 E. FORD, M.D.

2 Q So why isn't that reflected in
3 this document, it's from you? There's
4 nothing that talks about consent in here.

5 MS. CANFIELD: Objection,
6 argumentative. You can answer.

7 A Yeah. So without -- it says, this
8 memo serves as a notice that you
9 inappropriately recorded without
10 authorization, meaning consent. That's how
11 I interpret it.

12 Q That's what you said, but you
13 didn't write this, so you're not sure what
14 it means; am I right?

15 MS. CANFIELD: Objection. You
16 can answer.

17 A My understanding from
18 conversations with the various folks I spoke
19 with and said it, I essentially meant that.

20 Q Who are the various folks that you
21 spoke with? Because I'm assuming that they
22 contributed to the authoring of this
23 document.

24 A Well, I'm not assuming that they
25 contributed to it, but the people that I

1 E. FORD, M.D.

2 spoke with were Dr. MacDonald, Ms. Yang,
3 Mr. Wangel, Dr. Jain. Maybe there were
4 others. I think I spoke also with
5 Drs. Barbara and Subetti, because I know
6 they both have histories of doing forensic
7 evals. And I spoke with Dr. Garcia, who
8 also has -- and just trying to see what
9 their understanding of recording was.

10 Q Isn't Dr. Garcia a psychologist
11 and not a psychiatrist?

12 A She is. In my opinion, it doesn't
13 matter for this purpose. They both are
14 doing 730 exams.

15 Q You're saying that you believe
16 that Ms. Garcia has knowledge about the
17 standards and practice in this particular
18 field; is that right?

19 A My understanding and my
20 recollection is that Dr. Garcia, who's a
21 PHD, has experience doing 730 evaluations.

22 Q Now, did there ever come a time
23 that Ms. Garcia's role in the 730 process
24 was questioned by Dr. Jain?

25 A I think there was -- Dr. Jain

1 E. FORD, M.D.

2 mentioned something about that to me. I
3 don't remember the details, but I think that
4 that -- I think Dr. Kaye did bring that up
5 to him.

6 Q We're to going revisit that.
7 Because I want to keep focused on this.

8 Now, your unauthorized recording
9 of private health information -- first off,
10 before I go into that. You do know that New
11 York is a one party consent state; is that
12 right?

13 MS. CANFIELD: Objection as to
14 form.

15 A I just learned that on Thursday.

16 Q So New York is a one party consent
17 state. Meaning, that the other person
18 doesn't have to consent to be recorded.

19 You understand that, right?

20 A I understand that -- what I was
21 told on Thursday was that you can record
22 someone without their consent, or that was
23 not illegal.

24 Q Okay. So you may have deemed it
25 inappropriate, but it was not illegal; is

1 E. FORD, M.D.

2 that right?

3 A Yeah. I'm not sure we -- I
4 thought it was inappropriate, and I thought
5 it was unethical at the time.

6 Q You don't say unethical -- well,
7 you don't say anything, because you didn't
8 write this, but it's coming from you, right,
9 Dr. Ford?

10 MS. CANFIELD: Objection as to
11 form. Argumentative. Go ahead.

12 A Sure. I interpreted my delivery
13 of this letter as sort of presenting it to
14 Dr. Kaye. It is true that it says from me.
15 My interpretation of that was that somewhat
16 proforma because I was the head of services.

17 Q Then you go, "Your unauthorized
18 recording of private health information is
19 in violation of CHS custom and practice."

20 We're not going to go back through
21 this. Now, unauthorized, you're saying that
22 the person who would have authorized, if
23 they could have, let's say, would have been
24 the defendant or the inmate; am I right?

25 A Certainly, yes, that would be one

1 E. FORD, M.D.

2 of them. At the time, I was not -- again,
3 didn't know about this one party recording
4 thing, but in my mind, it was also, again,
5 not illegal, but it would have been
6 appropriate to notify the examiners and the
7 defense attorney as well.

8 Q Have you ever notified anyone that
9 you can record this?

10 MS. CANFIELD: Objection as to
11 form.

12 A I have never recorded anyone.

13 Q You have never recorded anyone; is
14 that what you said?

15 A That's what I said.

16 Q Why not?

17 A I don't know. I don't know.

18 Q Now, then you have recording of
19 private health information. And you do know
20 that the clinics are HIPPA exempt, you know
21 that, right?

22 A I understand that they are not
23 healthcare delivery systems.

24 Q Wouldn't that be irrelevant, the
25 private health information portion of this

1 E. FORD, M.D.

2 memo?

3 MS. CANFIELD: Objection as to
4 form.

5 A Wouldn't that -- would the
6 private -- well, what this memo appears to
7 be saying is related to CHS, not related to
8 HIPPA criminal law.

9 Q You're referencing private health
10 information. What does that have to do with
11 the exam itself?

12 MS. CANFIELD: Objection as to
13 form. Argumentative. You can
14 answer.

15 A Is your question that -- is your
16 question that there's no private health
17 information in these exams?

18 Q Why -- I don't know how you can
19 answer or speak to the contents of this to
20 some extent, because you didn't write this,
21 but it did come from you.

22 So the question is, why would this
23 language regarding the private health
24 information be appropriate for this memo?

25 MS. CANFIELD: Objection as to

1 E. FORD, M.D.

2 form. Asked and answered. You can
3 answer again.

4 A Sure. It's an important point you
5 raised that I did not write this memo. So
6 the specific language and the decisions
7 around that language, I can't shed a whole
8 lot of light on that for you. I can tell
9 you my personal opinion about the recording.

10 Q I'm going to keep going, then.

11 Now, the CHS custom and practice.
12 Where did this evolve? How did you learn of
13 the CHS custom and practice?

14 A So, again, I didn't write the
15 memo.

16 Q Do you recall there being a CHS
17 custom and practice against recording?

18 A I recall having conversations with
19 many of the people that I just told you
20 about to ascertain recording practices
21 across all the clinics.

22 Q At any point did you ask Dr. Kaye
23 if there was a custom and practice against
24 recording yourself?

25 A I don't believe that I asked her.

1 E. FORD, M.D.

2 I think Dr. Jain asked her. I think he also
3 asked the other clinic directors.

4 Q Dr. Kaye has been working at the
5 clinic longer than anybody involved in this
6 lawsuit. Would you agree with that?

7 A Yes.

8 Q Based on that, would you believe
9 that she would probably be most the privy as
10 to what the custom and practice at CHS would
11 be as it pertains to whether or not forensic
12 evaluations could be recorded?

13 MS. CANFIELD: Objection as to
14 form. You can answer.

15 A Actually, no, because she was only
16 part of CHS at this time for less than a
17 year.

18 Q Did CHS conduct forensic
19 evaluations prior to their merging of the
20 court clinics?

21 MS. CANFIELD: Objection as to
22 form. You can answer.

23 A I don't think so.

24 Q So let's be clear. CHS was not
25 doing any court evaluations prior to the

1 E. FORD, M.D.

2 merger of the forensic court clinics?

3 A I believe that's correct, yes.

4 Q Now, you go on to the next
5 paragraph: "As a provider of mental health,
6 substance abuse and general medical
7 services, CHS is protected by restrictive
8 patient confidentiality laws." Okay.

9 "Violation of these
10 confidentiality laws may lead to civil and
11 criminal penalties, as well as progressive
12 disciplinary action through CHS."

13 So CHS is protected by these
14 restrictive patient confidentiality laws,
15 but you agree with, that the court clinics
16 themselves were not subject to these
17 confidentiality laws; am I right?

18 MS. CANFIELD: Objection as to
19 form.

20 A The most clear answer I can give
21 you is that I am not entirely sure what the
22 confidentiality laws are specifically
23 related to the clinic.

24 Q Are the clinics bound by any
25 confidentiality laws, to your knowledge?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection as to
3 form. You can answer.

4 A I don't know. That's a good
5 question.

6 Q So here you're saying that they're
7 bound by them, but you're not sure.

8 Now, violation of these
9 confidentiality laws may lead to civil and
10 criminal penalties as well as progressive
11 disciplinary action through CHS.

12 Again, you're not sure about the
13 confidentiality laws that would be
14 applicable in this context; would that be
15 right?

16 MS. CANFIELD: Objection as to
17 form. You can answer.

18 A I did not write this memo.

19 Q But you're not sure about them.

20 This memo is saying that Dr. Kaye
21 could -- could lead to civil and criminal
22 penalties, which is quite menacing language;
23 would you agree?

24 MS. CANFIELD: Objection. You
25 can answer.

1 E. FORD, M.D.

2 A Would I agree this is menacing
3 language.

4 Q Or punitive in nature, would you
5 say?

6 MS. CANFIELD: Objection.

7 A I would not call this punitive. I
8 would just call -- this, to me, is a
9 description of the disciplinary process that
10 was drafted by the person who wrote this.
11 To me, this doesn't sound punitive. Just
12 sounds like --

13 Q So you wouldn't be affected by
14 this, if you received this memo?

15 A Would I be affect -- I would not
16 like to receive this memo.

17 Q No, you wouldn't.

18 A No.

19 Q You would be upset; am I right?

20 A I don't know what I would be. But
21 I would be under advisement, if I got this
22 memo.

23 Q And then, "You are hereby reminded
24 that protecting the confidentiality of our
25 patients is a term condition of employment

1 E. FORD, M.D.

2 and should be treated seriously by all staff
3 in the execution of their duties."

4 You see that, right?

5 A I do see that.

6 Q Now, these inmates that Dr. Kaye
7 was evaluating, are they patients?

8 MS. CANFIELD: Objection as to
9 form.

10 A Sure. So in the capacity of
11 being evaluated for an evaluation, they are
12 not Dr. Kaye's patients, they are defendants
13 that she's evaluating.

14 Q So she's not administering
15 treatment; is that right?

16 A I believe that that's correct. I
17 do not believe evaluations are considered
18 treatment.

19 Q So the term patient is inaccurate,
20 that should not be there; am I right?

21 MS. CANFIELD: Objection as to
22 form. You can answer.

23 A Sure. I don't -- I didn't draft
24 it.

25 Q But, again, it should not be

1 E. FORD, M.D.

2 there. I'm not asking if you drafted it.

3 This is inappropriate?

4 A Yeah. I don't know if it should
5 be there or it shouldn't be there.

6 Q Is the term patient inappropriate
7 if Dr. Kaye is not treating anyone?

8 MS. CANFIELD: Objection. She
9 just answered she doesn't know. You
10 can answer again.

11 A I will say again, I did not write
12 this letter.

13 Q Let's be clear. These inmates
14 that Dr. Kaye was interviewing, these
15 inmates were not her patients; am I right?

16 MS. CANFIELD: Objection as to
17 form. Argumentative now and
18 harassing the witness, but you can
19 answer.

20 Q I'm going to ask you again. These
21 patients, these inmates that Dr. Kaye was
22 seeing, they were not her patients; am I
23 right?

24 MS. HAGAN: Objection. Keep
25 going.

1 E. FORD, M.D.

2 A The people that Dr. Kaye would
3 evaluate at the clinic are not considered
4 her patients.

5 Q So she wouldn't be bound by HIPPA;
6 am I right?

7 MS. CANFIELD: Object to the
8 form. You can answer.

9 A I don't know the answer. I don't
10 know.

11 Q You were director of this program.
12 You mean to tell me that you didn't know if
13 the clinics themselves were bound by HIPPA?

14 MS. CANFIELD: Objection to
15 form. Harassing. You can answer.

16 A So one of the important reasons
17 that I hired and posted for a position for
18 somebody to run these clinics, was because
19 this was not my area of expertise over the
20 course of my career. And I do not
21 remember -- I don't remember the specifics
22 of the confidentiality.

23 Q You managed the clinics from 2009
24 to 2014; that's right?

25 MS. CANFIELD: Objection to

1 E. FORD, M.D.

2 form.

3 A Yeah.

4 Q And then you managed the clinics
5 for another, I guess, two years, from 2018
6 to 2020; is that right?

7 A Well, I was the indirect
8 supervisor of the supervisor.

9 Q That's six years. During the
10 course of those six years you would not say
11 that you have a level of expertise and
12 familiarity as to the clinics and their
13 operations?

14 MS. CANFIELD: Objection.
15 Argumentative.

16 A I would not say that. What I
17 would say is that I'm not an expert on the
18 confidentiality laws. In my practice of
19 that and my discussions, we tried to keep
20 everything within the -- the evaluations
21 were in the presence of the defense attorney
22 and the evaluators and trainees, and those
23 reports were kept -- were sent to the
24 courts. And if the -- there wasn't a whole
25 lot of communication of that stuff outside

1 E. FORD, M.D.

2 of those areas.

3 Q Well, would it be fair to say that
4 Dr. Kaye was falsely accused of breaching
5 patient's confidentiality since she was not
6 treating patients?

7 MS. CANFIELD: Objection as to
8 form. You can answer.

9 A I can't answer that.

10 Q Why not?

11 A In my reading of this thing that
12 you have up here, it says, "You are hereby
13 reminded that protecting the confidentiality
14 of our patients," so you are reminded of it.
15 I'm not sure that I see in here that she's
16 being accused of what you just said.

17 Q Well, she was not dealing with
18 patients, so that is false, isn't it?

19 MS. CANFIELD: Objection.

20 Asked and answered.

21 Can we move on.

22 MS. HAGAN: No.

23 Q It's false --

24 MS. CANFIELD: You can answer
25 again, Dr. Ford.

1 E. FORD, M.D.

2 Q It is false that it was alleged
3 that Dr. Kaye was involved with patients;
4 isn't that right?

5 A All I can say is I don't see
6 something in this memo that says Dr. Kaye
7 was treating patients.

8 Q Right. So it's false?

9 MS. CANFIELD: Objection.

10 Q It says, "You are hereby reminded
11 that protecting the confidentiality of our
12 patients is a term in condition of
13 employment."

14 Now, if she's not treating
15 patients, how is that a term of condition of
16 her employment?

17 A I don't have an answer for you
18 other than what I've described for you
19 already.

20 Q Dr. Ford, isn't it false that
21 treating patients would be a term of
22 condition of Dr. Kaye's employment?

23 MS. CANFIELD: Objection.

24 Asked and answered at least three
25 times. She just said she didn't

1 E. FORD, M.D.

2 know.

3 MS. HAGAN: She does know.

4 Q Dr. Kaye did not treat patients,
5 right?

6 A I know that Dr. Kaye did not treat
7 patients in the court clinics.

8 Q Right. She did not. So this
9 would be false; am I right?

10 MS. CANFIELD: Objection.

11 Misleading. Objection. You can
12 answer.

13 Q Yes or no.

14

15 MS. HAGAN: And you can say
16 objection.

17 A I can say what, I'm sorry?

18 Q I'm objecting for Ms. Canfield.
19 Keep going.

20 A "You are hereby reminded that
21 protecting the confidentiality is a term and
22 condition of employment and should be
23 treated seriously by all staff in the
24 execution of your duties." You're asking me
25 if that's a false statement?

1 E. FORD, M.D.

2 Q Yes.

3 A Gosh, I am literally -- I don't
4 know how to answer this other than to tell
5 you that I do agree that these were not
6 patients to Dr. Kaye.

7 This is language from a labor
8 relations -- this is labor relations stuff,
9 and -- I mean, I don't know if this is
10 boilerplate language. I don't know.

11 Q So the private health information
12 specifically, does that implicate HIPPA, in
13 your view?

14 MS. CANFIELD: Objection.

15 Asked and answered. You can answer
16 again.

17 MS. HAGAN: I never asked that
18 question. Please stop --

19 MS. CANFIELD: You did. I
20 think she testified that this is not
21 HIPPA, it's confidentiality.

22 MS. HAGAN: I never did. I
23 asked a different question.

24 Q The private health information, is
25 this part of HIPPA, does it implicate HIPPA?

1 E. FORD, M.D.

2 A When I think of private health
3 information, which I thought about prior to
4 HIPPA, but when I think about private health
5 information now, I do think of HIPPA.

6 Q Okay. Now, isn't it also true
7 that you falsely accused HHC of a HIPPA
8 violation that didn't occur?

9 MS. CANFIELD: Objection. You
10 can answer.

11 A I don't know what -- I don't know.

12 Q In this instance, HHC, if she has
13 unauthorized -- engaged in unauthorized
14 recording of private health information, and
15 you said that you would think of HIPPA prior
16 to maybe HIPPA being a thing, then wouldn't
17 that be the same?

18 MS. CANFIELD: Objection.

19 Answer if you can.

20 A I couldn't hear the last part of
21 the question.

22 Q Okay. Now, you're saying that
23 HIPPA was implicated, as far as you are
24 concerned, with the reference to the private
25 health information in the memo; am I right?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection. You
3 can answer.

4 A What I'm saying is that when I
5 hear the phrase private health information,
6 I think about HIPPA.

7 In this memo, I'm not sure that I
8 thought one way or the other about HIPPA. I
9 was concerned about the recording.

10 Q Now, again, could it be construed
11 that this is a false report?

12 A That -- I'm sorry, that what was a
13 false report?

14 Q First off, you're accusing her of
15 something that implicates the violation of
16 private health information. The
17 unauthorized recording of private health
18 information. Doesn't that allude to a HIPPA
19 violation?

20 MS. CANFIELD: Objection.

21 Asked and answered. You can answer
22 again.

23 A Again, I was -- in this memo, I
24 was focused on the authorized recording.
25 And I was not aware of private health

1 E. FORD, M.D.

2 information was some CHS language or
3 something else. I don't know.

4 Q I'm going to keep going.

5 "Going forward, you are expected
6 to adhere to CHS confidentiality statement
7 attached. Follow all confidentiality
8 protocols and apply sound judgment in the
9 execution of your duties."

10 Now, the confidentiality
11 statement, that did not exist prior to the
12 issuance of this memo; am I right?

13 A I don't -- gosh, I don't know. I
14 don't remember. I think there was -- I
15 don't know, it was around this time that
16 that confidentiality statement was created.
17 I don't remember if it was before or after
18 May 29th.

19 Q So then you have, "You are to
20 expressly avoid the unauthorized recording
21 of any confidentiality patient health
22 information."

23 Again, the term patient; am I
24 right?

25 A It does say patient.

1 E. FORD, M.D.

2 Q Yes. "Failure to comply may
3 result in administrative action up to and
4 included termination of employment."

5 You see that, right?

6 A I see that.

7 Q Now, would you consider this to be
8 a disciplinary document?

9 A So as for the other document that
10 we went through, I don't -- I considered
11 this to be a warning. Like a heads up,
12 please don't do this again.

13 Q So you're saying this is not
14 disciplinary?

15 A In my opinion, yes, it was -- when
16 I spoke with or communicated with labor
17 relations after the fact, I was told this
18 was pre-discipline.

19 Q It's not written in this document
20 that it's pre-discipline; is that right?

21 A I agree that pre-discipline is not
22 written in here.

23 Q Did you tell Dr. Kaye that this
24 was a pre-disciplinary memo?

25 A I don't remember what my language

1 E. FORD, M.D.

2 was. I imagine that I had said warning, but
3 I don't know. I don't recall.

4 Q Now, again, this document is dated
5 May 29, 2019. You see that, right?

6 A I do.

7 Q And, again, you have here that
8 everyone is signing on July 1st, 2019. You
9 see that, right?

10 A I do.

11 Q Why is this document dated well
12 over a month prior to?

13 A So, again, as for the other
14 document that was dated in early June, I
15 was -- I don't know why this was dated
16 May 29th, since I didn't draft the document.
17 I recall receiving notification that I was
18 responsible for delivering this to Dr. Kaye
19 sometime in the middle of June. And then
20 July 1st was the first time that we could
21 meet in person.

22 Q Now, didn't you feel compelled as
23 the messenger of this document, at this
24 level in your career, to insist upon
25 documents being accurate?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection to
3 form. You can answer.

4 A Yeah. I did read the document,
5 and I reviewed it and I was focused on
6 the -- I did agree that, in my opinion, it
7 seemed unauthorized. And I was aware that
8 the corporate compliance had determined
9 this. And I assumed that this was standard
10 language for this kind of thing.

11 Q For any number of reasons,
12 couldn't that document be considered a false
13 report?

14 A I don't know. What do you mean?

15 MS. CANFIELD: Objection.

16 Q Well, there are a number of things
17 that Dr. Kaye would say that were untrue in
18 that document. Now, if, in fact, she's
19 right, wouldn't that be considered a false
20 report?

21 A I can't -- I don't know if it
22 would be a false report.

23 Q What's a false report, as far as
24 you're concerned?

25 MS. CANFIELD: Objection. You

1 E. FORD, M.D.

2 can answer.

3 A I don't know. I have no -- you're
4 talking about if there's like a formal
5 definition of it, but I imagine a false
6 report is something that is documenting
7 something as fact that is not.

8 Q Well, according the Office of
9 Professional Conduct, for a physician to
10 make a false report, that can basically
11 cause you to lose your license. You're
12 aware of that, right?

13 MS. CANFIELD: Objection. You
14 can answer if you can.

15 A Let's see. A false report --
16 yeah. I mean, that sounds right. I don't
17 know if it's related to the specific like
18 patient encounters or -- obviously Medicaid
19 fraud is a false report, those kind of
20 things.

21 Q Also in this instance where you
22 have a document that falsely accuses another
23 practitioner or has false allegations in it,
24 that would be considered a false report,
25 would you agree?

1 E. FORD, M.D.

2 MS. CANFIELD: Objection as to
3 form. You can answer.

4 A So I can't comment on this being a
5 false report or not. This was a -- my
6 understanding is this was a result of an
7 investigation.

8 Q Did you see any investigatory
9 documents yourself?

10 A I did not. I believe I was not --
11 I believe that was confidential.

12 Q So you're delivering a document on
13 behalf -- based on, in your capacity, on
14 investigation, you have no idea and
15 knowledge about; am I right?

16 MS. CANFIELD: Objection as to
17 form. You can answer.

18 A I'm delivering a document -- I
19 delivered a document that was created by the
20 labor relations department, which I trusted,
21 and it was based on an investigation that
22 the Office of Corporate Compliance, who I
23 assumed does good investigations had done.

24 So are you asking if I believed
25 that what they had done?

1 E. FORD, M.D.

2 Q I mean, I would think you would
3 want to read this document, read whatever
4 investigatory report that the Office of
5 Corporate Compliance wrote before you gave
6 this document under your name to Dr. Kaye;
7 wouldn't that be the case?

8 MS. CANFIELD: Objection. You
9 can answer again.

10 A I would -- so I trusted the
11 investigation, the investigatory process. I
12 recall that I was not privy to that
13 information. And I've been part of those --
14 I mean, I've been asked about things and
15 told it's confidentiality in other matters
16 so.

17 Q But you're not issuing --

18 MS. CANFIELD: She's not
19 finished with her answer, Ms. Hagan.

20 A Sorry. I know I'm going on.

21 So I guess is your question, did I
22 think to contact the Office of Corporate
23 Compliance and insist on seeing their
24 investigation?

25 Q Yeah. Or anything associated with

1 E. FORD, M.D.

2 this memo that's you're going to be giving
3 under your name, so that, you know, you at
4 least know why you're giving something of
5 this nature to an employee.

6 A So I did talk with -- I talked
7 with people about the allegations and
8 about -- and that the investigation had been
9 founded. And, again, I -- as I thought that
10 I was the -- I thought that there had been
11 discussion already with Dr. Kaye about this,
12 and that I was, as the head of the service,
13 responsible for delivering the memo.

14 Q Isn't it true that this recording
15 involved a fairly notorious inmate by the
16 name of Jose Gonzalez, do you recall that?

17 A I don't remember the name of the
18 person involved in the case. I -- gosh, I
19 don't even know it was like a high profile
20 case. I think so.

21 Q So you're not sure.

22 Do you recall that Dr. Kaye
23 testified during a contra version hearing,
24 and at that point she referenced that she
25 had recorded the exam?

1 E. FORD, M.D.

2 A I don't recall that. Although I
3 do remember hearing from Dr. Jain that he
4 had learned of the potential recording, I
5 think from a transcript or from the hearing
6 somehow.

7 Q Right. So you're not aware of
8 unless I suggest whether or not this
9 involved a hearing or the defendant or any
10 of that; am I right?

11 A I'm sorry. I don't understand the
12 question. I'm sorry.

13 Q Let's move on.

14 I'm going to go through what's
15 going to be marked as Exhibit 12.

16 (Whereupon, Video Recording of
17 Forensic Psychiatric was marked
18 as Plaintiff's Exhibit 12 for
19 identification as of this date.)

20 (A discussion was held off the record.)

21 MS. HAGAN: You can have them.
22 They're all yours.

23 MS. HAGAN: We're not doing
24 that. We're in Zoom right now. So
25 please stop.

1 E. FORD, M.D.

2 MS. CANFIELD: I'm asking
3 after the deposition, if you can
4 please send --

5 MS. HAGAN: When I get to it.

6 MS. CANFIELD: Then I will be
7 writing to Magistrate Judge Kott*.
8 It's a professional courtesy. I
9 should not have to bring this up.

10 MS. HAGAN: When I get a
11 chance. That's what I said.

12 Q So, now, the document that I'm
13 referencing is Exhibit 12, is Video and
14 Recording of Forensic Psychiatric
15 Evaluations by APPL.

16 Do you see that, Dr. Ford?

17 A It's not on the screen.

18 Q Let me share it.

19 Do you see it now?

20 A I do, yeah.

21 Q So yes. So you see this document,
22 right?

23 A Yeah.

24 Q At any point have you come across
25 this document or read this document

1 E. FORD, M.D.

2 yourself, Dr. Ford?

3 A If you could scroll down. Can you
4 scroll through the document.

5 Q Dr. Hope, do you remember him?

6 A I do.

7 Q So he actually penned there. He's
8 one of the authors of this document. It
9 talks about the Video Recording of Forensic
10 Psychiatric Evaluations.

11 You see that, right?

12 A Yes.

13 Q Now, we're going to page 12 of
14 this, which would be the equivalent of
15 NYC4094. And basically it says that the
16 recommendations of the AAPL task force on
17 video recording forensic interviews.

18 You see that, right?

19 A I do.

20 Q "The task force on video recording
21 forensic interviews began by reviewing the
22 current case law and professional
23 guidelines." And it then says, "There were
24 no specific AAPL or APA standards or
25 guidelines on video recording forensic

1 E. FORD, M.D.

2 interviews."

3 You see that, right?

4 A I see that. Yeah.

5 Q How did you determine that it was
6 inappropriate again to -- or agree that it
7 was inappropriate to record exams if there
8 had been no guidelines specifically on this
9 topic?

10 A So I recall -- first of all, I
11 will just note that this is about video
12 recording, which is slightly different than
13 audio recording. But, regardless, I relied
14 on Dr. Jain and his review of whatever was
15 out there with respect to the audio
16 recording of competency evaluations and my
17 conversations with other experts.

18 Q You're saying that you relied upon
19 Dr. Jain, and that they didn't rely -- that
20 no one relied upon you, it was Dr. Jain who
21 served as the knowledge base, of the subject
22 matter expert right here I should say?

23 A What I'm saying is that in the
24 conversations that I had with Dr. MacDonald,
25 Ms. Yang, Mr. Wang, as I've mentioned

1 E. FORD, M.D.

2 before, and Dr. Jain, that the information
3 we shared with them about whether this would
4 be appropriate or not was based on
5 Dr. Jain's research, as well as the
6 expertise of people that he and I both asked
7 around about.

8 Q So I guess to make it clear, was
9 Dr. Jain asked to research this topic for, I
10 guess, the Office of Corporate Compliance in
11 their efforts to write this memo -- I mean,
12 not this memo, but just in their general
13 efforts?

14 MS. CANFIELD: Objection to
15 form. You can answer if you're
16 able.

17 A Is the question, was Dr. Jain
18 asked by the corporate compliance office to
19 do this?

20 Q Or management in general.

21 A I asked Dr. Jain to look into what
22 was available in the literature about this
23 process. I can't remember what he -- I
24 can't remember the outcomes of it, but I do
25 remember asking him, and we, I believe -- I

1 E. FORD, M.D.

2 recall having conversations with him about
3 it.

4 Q So you said you recall having
5 conversations with him about it, but you
6 don't know if he was necessarily tasked with
7 this or not, but he was the subject matter
8 for -- am I right?

9 MS. CANFIELD: Objection as to
10 form.

11 A What I said is that I did ask him
12 to do research on this topic.

13 Q So now I'm going to direct you to
14 what's known as, I guess as Plaintiff's
15 Exhibit 13. And I'm not sure if you
16 actually saw this document. But it's from
17 --

18 A Your screen just -- could you pull
19 it up again.

20 (Whereupon, Email
21 (NYC_2794-2800) was marked as
22 Plaintiff's Exhibit 13 for
23 identification as of this date.)

24 Q Here it is. So it's from Ms.
25 Patsos to Ms. Yang and Mr. Wangel. And

1 E. FORD, M.D.

2 let's see if you're cc'd.

3 First and foremost, did you see
4 any documents that look like this during the
5 course of your, I guess, discussion of what
6 transpired with Dr. Kaye?

7 A This does not look familiar to me.

8 Q Now, one of the documents that it
9 references as a source is the American
10 Academy of Psychiatry and Law Task Force
11 document, the video recording of forensic
12 psychiatric evaluations. Is what we just
13 reviewed as Exhibit No. 12.

14 You see that, right?

15 A I see that -- I think that the one
16 you pulled up may have been the 1998
17 version. But I do see that here at the
18 bottom about 2013.

19 Q And then it also -- well, it
20 actually has a footnote here. It says the
21 video recording of forensic psychiatric
22 evaluations AAPL task force approved by AAPL
23 executive counsel, May 31, 1998, revised
24 May 2013. So that's not accurate. The site
25 is inaccurate. This is what's actually what

1 E. FORD, M.D.

2 we referenced. You understand?

3 A I mean, I --

4 MS. CANFIELD: She's

5 testifying. So, yes, let's move on.

6 MS. HAGAN: I'm not

7 testifying.

8 Q So, now, were you aware that

9 Dr. Mundy was questioned about the actual
10 custom and practice?

11 A I was not aware of that. I was
12 not aware as far as this investigation.

13 Q Were you aware that Dr. Owen was
14 interviewed?

15 A I was not.

16 Q Do you know if any of the other
17 forensic evaluators were interviewed?

18 A I don't know.

19 Q Just for purposes of the record, I
20 just want to bring up Exhibit 12 again.
21 Exhibit 12, it is the same document. It
22 says May 31, 1998, as revised in May 2013.

23 You see that, right?

24 A I do, yes.

25 Q Just making sure. Okay.

1 E. FORD, M.D.

2 So, now, at any point did you
3 question the methodology -- now I'm hearing
4 a recording in the background again or an
5 echo in the background. I don't consent to
6 being recorded.

7 So, by any chance, did anyone --
8 did you have a chance to review this
9 document?

10 A This document does not look
11 familiar to me.

12 Q Did you review any document from
13 the Office of Corporate Compliance
14 pertaining to this investigation?

15 A I don't -- no. I don't think so.

16 Q So you just took it the word of, I
17 guess, whoever presented you with this memo.
18 Who gave you did memo to give to Dr. Kaye?

19 MS. CANFIELD: Objection. You
20 can answer again.

21 A I think it was sent to me by
22 Samantha Kent or Jonathan Wangel and labor
23 relations.

24 Q So Ms. Kent works in labor
25 relations?

1 E. FORD, M.D.

2 A She did at the time. I don't know
3 if she's still there, actually.

4 Q Mr. Wangel does or did?

5 A Yes. I -- yes. I think he --
6 sorry. Yes. At some point he did, yes.

7 Q Now, Dr. Kaye also alleges that
8 this memo was in retaliation for her filing.

9 Do you disagree?

10 MS. CANFIELD: Objection. You
11 can answer.

12 A I did not see this as retaliation.

13 Q Did anybody else get written up
14 for recording exams?

15 A I was not aware of any instance of
16 anyone recording an exam ever during my time
17 and familiarity with the clinics.

18 Q Did you read the transcript from
19 the controversial hearing that Dr. Kaye
20 testified at?

21 A I did not read the whole
22 transcript. I believe in one of the
23 meetings that I had with Dr. Jain, he showed
24 me a highlighted portion that had -- I can't
25 remember the words of it, but something to

1 E. FORD, M.D.

2 the effect that Dr. Kaye had said she had
3 recorded.

4 Q So you would not be aware that Dr.
5 Charter (phonetic), the other evaluator, the
6 other expert in the case, that she actually
7 recorded her examination of Mr. Gonzalez?

8 MS. CANFIELD: Objection. You
9 can answer if you're able.

10 A I don't know who that doctor is or
11 where they work or anything.

12 Q But that's not the question.
13 You're not aware that she did as well,
14 record her interaction with the inmate?

15 MS. CANFIELD: Again,
16 objection. There's no foundation
17 for any of this, but go ahead.

18 A I'm not aware of what you just
19 said, that some other doctor recorded also.

20 Q Now, earlier -- now, at any point
21 did it come to your attention that Dr.
22 Collin recorded exams?

23 A No. I'm not aware of that.

24 Q So did you speak to anyone above
25 Dr. Jain or anyone who may have had more

1 E. FORD, M.D.

2 experience than Dr. Jain about the practice
3 of recording exams?

4 A I spoke with Dr. Barbara,
5 Dr. Garcia. I spoke with -- I don't recall.
6 I have a recollection of speaking with --
7 who was it -- I can't remember who. I feel
8 like one of the sort of meetings of forensic
9 psychiatrists, I raised the question.

10 Q Now, Dr. Barbara is a
11 psychologist; is that right?

12 A Yes. Sorry. She is a
13 psychologist.

14 Q And Dr. Garcia, Mensia Garcia,
15 she's a psychologist; is that right?

16 A Yes.

17 Q Have any of these individuals have
18 anywhere near as much experience as Dr. Kaye
19 in doing forensic evaluations?

20 MS. CANFIELD: Objection as to
21 form. You can answer.

22 A I don't know. That's a good
23 question. I don't know.

24 Q Were any of them doing them for 20
25 years?

1 E. FORD, M.D.

2 A I'm not sure when Dr. Garcia
3 started doing evaluations. Probably not.

4 Q Dr. Garcia, was she working at CHS
5 the first time you started work there back
6 in 2009?

7 A CHS didn't exist in 2009.

8 Q Was she working at the court
9 clinics at that time?

10 A No. She was not. I believe she
11 was in private practice. Doing some stuff
12 in private work.

13 Q In 2009?

14 A I don't know if -- I don't know
15 what she was doing in 2009.

16 Q Right. And for Ms. Barbara Rioja,
17 was that the same, was she working there
18 in 2009?

19 A In the clinics?

20 Q Yes.

21 A No.

22 Q Do you know when Ms. Barbara Rioja
23 actually started working in the clinics?

24 A I don't believe she ever worked in
25 the clinics.

1 E. FORD, M.D.

2 Q Do you know that she did 730
3 exams?

4 A I know that she did some in
5 private practice. She may have done some as
6 part of training in forensic psychology.

7 Q Do you see in reports from both of
8 these individuals in private practice that
9 they did these exams, yourself?

10 A No. I have not seen reports of
11 theirs, no.

12 Q So you don't have any firsthand
13 knowledge that they did 730 exams; am I
14 right?

15 A I have they're saying that they
16 do.

17 Q I asked you if you had firsthand
18 knowledge. That's what I asked.

19 A Sorry. Then I guess I don't quite
20 understand. You mean have I seen the
21 reports that they have done privately?

22 Q Yes.

23 A Not that I can remember.

24 Q I'm going to ask you some
25 questions about Dr. Kaye's pay parity

1 E. FORD, M.D.

2 complaints.

3 This will be marked as Exhibit 14.

4 (Whereupon, Email

5 (NYC_1530-1532) was marked as

6 Plaintiff's Exhibit 14 for

7 identification as of this date.)

8 Q It's bears the Bate Stamp series

9 NYC1530 through 1532. Okay.

10 Before I get into that, Dr. Ford,
11 would it be considered -- you were aware of
12 Dr. Kaye's testimony at the controversial
13 hearing for Jose Gonzalez; am I right?

14 MS. CANFIELD: Objection. You
15 can answer.

16 A Was I aware that she had
17 testified, is what you mean?

18 Q Yes.

19 A Yes. I think.

20 Q So you knew that she had
21 testified, and you also played a part in the
22 decision to issue these memos to Dr. Kaye in
23 the wake of that testimony; am I right?

24 MS. CANFIELD: Objection. You
25 can answer.

1 E. FORD, M.D.

2 A I knew that she had testified
3 after she testified, as I learned about the
4 report that she had recorded. And that lead
5 to me sending that information to -- the
6 allegation to -- I can't remember who I sent
7 it to. I think Dr. MacDonald and Yang and
8 Wangel, Mr. Wangel.

9 Q Was it a collective decision to
10 issue this memo or could anyone of you said,
11 no, the memo should not have been issued?

12 MS. CANFIELD: Objection to
13 form. You can answer.

14 A I don't know if any of us could
15 have said, no, could it have been issued. I
16 recall it being approved by Ms. Yang and --
17 let me stop there.

18 Q Now, I'm going to go to Exhibit
19 14, which again bears the Bate Stamp series
20 NYC1530 to 1532.

21 Now, I'm going to start at the
22 beginning of the email thread. And that's
23 an email from Dr. Kaye to Ms. Gillen dated
24 May 3, 2018. You see that? Or do I have
25 the share function up. I don't.

1 E. FORD, M.D.

2 You see it now, right?

3 A I do, yes.

4 Q Now, she says that she's been
5 employed at H&H Bellevue Hospital as a
6 forensic psychiatrist court evaluated since
7 1999. You see that, right?

8 A I do.

9 Q You see that she says she's a
10 medical director of the Bronx Court Clinic
11 since 2004, right?

12 A Yes.

13 Q Now, she notes that -- she first
14 sites the Steven Ciric as the medical
15 director of the Manhattan Court Clinic, was
16 on the physician specialist line. You saw
17 that, right?

18 A I see that on the screen here.
19 Yeah.

20 Q Now, is that a managerial title?

21 A Again, back to my earlier
22 testimony, that -- I don't know the
23 difference between physician specialist and
24 attending three line in terms of managerial
25 or not. I don't know.

1 E. FORD, M.D.

2 Q At any point did you tell Dr. Kaye
3 that she would have to be a manager in order
4 to receive pay parity?

5 A I don't think so. I did tell her
6 that -- not at this time at Bellevue, but in
7 at CHS, that there might be more flexibility
8 about pay if she was on a managerial line.
9 I recall that there were some fairly rigid
10 pay structures at Health and Hospitals.

11 Q Why is it that Dr. Kaye wasn't
12 allowed to be placed in the physician
13 specialist line?

14 MS. CANFIELD: Objection. You
15 can answer.

16 A Sure. I don't know. I believe
17 that decision was made -- predated me by a
18 long time.

19 Q She asked for it here in May of
20 2018, she asked Ms. Yang to be placed in the
21 physician specialist line. Why wasn't it
22 that she's allowed to work in that title?

23 MS. CANFIELD: Objection. The
24 document speaks for itself, but you
25 can answer.

1 E. FORD, M.D.

2 A So -- sorry. It says, just so I'm
3 clear in my answer. It says in here a
4 request to become a physician specialist?

5 Q "My lower pay also reflects the
6 hostile work environment in which I was
7 hired. At the time I was hired, Manuel
8 Trujillo was the director of the Department
9 of Psychiatry at Bellevue." And then she
10 goes about the blatant chauvinist and stuff
11 like that.

12 Did you know Dr. Trujillo?

13 A Sort of. I know his name. I
14 never really had much interaction with him.

15 Q Was he chauvinist?

16 A I don't know.

17 Q Did Dr. Berger treat women in a
18 highly sexist manner, to your knowledge?

19 A I don't know. I did not work
20 directly with Dr. Berger.

21 Q Had he a history of sexual
22 misconduct?

23 A Not to my knowledge.

24 Q Do you know if he was fired based
25 on allegations of sexual harassment?

1 E. FORD, M.D.

2 A I don't know how he was fired.

3 Because that happened before I arrived.

4 Q Dr. Kaye, in approximately in 2012
5 and she brought up pay inequality to the
6 attention of the director of the division of
7 forensic psychiatry to you, Dr. Ford. Do
8 you see that?

9 A I saw that. I see that now, yeah.

10 Q She said you told her that you
11 would speak to Dr. Badaracco. Do you see
12 that?

13 A I see that.

14 Q Did you ever tell her that it was
15 like moving elephants to get anything done
16 around Bellevue about this?

17 A I don't remember those words, but
18 it sounds like something I probably said.

19 Q Why would you say that?

20 A Because it -- I had been -- part
21 of my job was, I saw at Bellevue was to
22 advocate for all of the physicians. And I
23 was -- I had been frustrated about the way
24 that HR and finance sort of were separate
25 from my role. And that I had spoken with

1 E. FORD, M.D.

2 Dr. Badaracco about other issues. And it
3 just seemed very slow and hard to get HR
4 changes done.

5 Q Now, at the end, Dr. Kaye
6 concludes by saying, she had been trying for
7 years to rectify this, and believes the
8 problem needs to be corrected since it is
9 unlawful to pay me less because I am a
10 woman. I request my line to be changed to
11 physician specialist with retention of all
12 my current benefits, et cetera. Right.

13 So she clearly asked to be a
14 physician specialist title. Did you receive
15 any feedback as to why she should not be
16 placed in this title?

17 A I'd appreciate you, by the way,
18 going through this and bringing me to this.

19 I recall that it had something to
20 do with the functional transfer. And that I
21 think I was told that people had to stay in
22 the line that they were in -- the way the
23 functional transfer worked is that they had
24 to stay in the line and title that they were
25 in, in this case at Bellevue or Health and

1 E. FORD, M.D.

2 Hospitals.

3 Q And are you sure that took place
4 for everyone?

5 A Am I sure that everyone stayed in
6 their title?

7 Q Yes.

8 A In their line?

9 Q Yes.

10 A I -- gosh. Am I sure. I think
11 there was some disparity between -- I'm not
12 sure. Sorry to take so long on that.

13 Q Now, you do say in your response,
14 I'm good with your response, I guess to
15 Ms. Yang, right. And you said, "I fully
16 acknowledge that I may have referenced
17 elephants (cannot remember) although do
18 remember many meetings with finance and MAB,
19 I guess that's Dr. Badaracco, about this
20 very issue."

21 You recall that, right?

22 A I see that email here, yes.

23 Q Now, at any point did you dispute
24 whether or not Dr. Kaye had the same
25 workloads or comparable workloads to the

1 E. FORD, M.D.

2 other directors?

3 A Did I dispute?

4 Q Or had analysis or some kind of
5 discussion about Dr. Kaye's workload in
6 comparison to the other directors.

7 A I think that did come up. I
8 believe we did -- gosh, I think we sort of
9 looked at the workloads for each clinic.
10 And I believe -- I think I may have
11 requested it to try to justify an increased
12 line, but I needed the data. So I recall
13 that.

14 Q So you're denying that you played
15 a part in any way in the pay disparity and
16 the title disparity that Dr. Kaye
17 experienced at CHS and H&H?

18 MS. CANFIELD: Objection as to
19 form. You can answer.

20 A I was not involved in -- I'm
21 sorry. Could you rephrase it. It's hard
22 to --

23 Q Well, did you play a part in the
24 decision of not increasing Dr. Kaye's
25 salary?

1 E. FORD, M.D.

2 A I did not play a part in that. I
3 advocated for an increased salary for her.

4 Q Who decided that Dr. Kaye should
5 not get more money?

6 MS. CANFIELD: Objection as to
7 form. You can answer.

8 A The way that it worked in terms of
9 salaries at CHS, was that I would submit a
10 request, and then it would go to HR, and
11 then those would be reviewed -- my
12 understanding is that those would be
13 reviewed by Ms. Yang for approval or not.

14 Q Was Ms. Yang the final decision
15 maker when it came to salary and titles and
16 positions?

17 A That's -- yes. That was my
18 experience.

19 Q So now I'm going to show you
20 what's going to be marked as Exhibit 15. And
21 it's Dr. Kaye's EEOC charge.

22 You see that, right?

23 (Whereupon, Dr. Kaye's EEOC
24 Charge (NYC_3330-3331) was
25 marked as Plaintiff's Exhibit 15

1 E. FORD, M.D.

2 for identification as of this
3 date.)

4 A I do.

5 Q And it's dated September 13, 2018.

6 Do you see that?

7 A I do.

8 Q And I guess it's an additional
9 document to the May 22, 2018 EEOC charge.

10 You see that, right?

11 A I don't know. Sorry. Do I see
12 that it's the --

13 Q Right here. It says digitally
14 signed by Melissa Kaye.

15 A I do see that. I see that it's
16 digitally signed, yeah.

17 Q Right. So just to put context in
18 this exhibit.

19 Dr. Kaye alleges, I'm a
20 55-year-old Caucasian female who has worked
21 for Bellevue Hospital and HHC since 1999.
22 Most recently at the Bronx Court Clinic
23 medical director. I believe I've been
24 discriminated against because of my sex and
25 equal pay act."

1 E. FORD, M.D.

2 And then she goes, "Specifically
3 I've been paid less than the male Manhattan
4 Court Clinic medical directors, despite
5 having the same title and job duties. I've
6 been paid under an Attending III title since
7 1999, when the men who have worked at the
8 Manhattan Court Clinic medical director have
9 been paid the physician specialist. Right.
10 And the physician specialist title carries
11 significant pay increase and the male
12 Manhattan Court clinic medical directors
13 have made significantly more money than I
14 over the last 20 years I have worked there.

15 Right? You see all that, right?

16 A I do see that.

17 Q Then I'm scrolling down more
18 because she has a supplement to her charge
19 and that's filed on September 7, 2018.

20 You see that, right?

21 A Yes.

22 Q She's supplementing her charge.
23 She's adding that basically her supervisor
24 Dr. Jain after and pay parity and after she
25 filed the EEOC complaint regarding Dr. Jain

1 E. FORD, M.D.

2 called me the next day to inform me that he
3 had reported my actions to Jonathan Wangel.

4 Do you see that?

5 A I see that on the screen here.

6 Q At any point did Dr. Jain tell you
7 that he reported Dr. Kaye's charge to labor
8 relations?

9 A I think that in one of our
10 supervision sessions Dr. Jain told me that
11 he had notified Dr. Wangel -- I'm sorry
12 Mr. Wangel, about Dr. Kaye's report of
13 filing.

14 Q At any point did you tell or
15 admonish Dr. Jain that retaliation is
16 prohibited under the law?

17 A Did I -- so retaliation, I don't
18 think I said that. He was not bringing this
19 up as retaliation. He told me he had, as
20 was appropriate, notified labor relations
21 that an EEOC complaint had been filed. That
22 somebody who reported to him.

23 Q Did he notify the EEO office?

24 A I don't know. I'm not sure what
25 the advice was from labor relations. I'm

1 E. FORD, M.D.

2 not sure.

3 Q Have you received ever EEO
4 training yourself, Dr. Ford?

5 A I think there has been -- I think
6 I have as part of manager training at some
7 point in my career. I wish I could tell you
8 exactly when.

9 Q Did you receive any EEO training
10 while you were at CHS?

11 A I believe that I did. I believe
12 it was part of an annual training.

13 Q She goes on and she talks about,
14 in July of 2018 she is demoted in terms of
15 title. So from -- she files her EEOC charge
16 in May of 2018. And Dr. Kaye complains that
17 she was demoted in title.

18 Now, you disagree that the change
19 of medical director to director is a
20 demotion, right?

21 A I do not see that director is a
22 demotion from medical director. And, again,
23 I was not under the impression that medical
24 director was a title she couldn't use.

25 Q Now, she also complains that the

1 E. FORD, M.D.

2 title director is not commensurate with her
3 training credentials, expertise. Would you
4 disagree with that?

5 A I don't know what that means
6 exactly. Director to me is like the head
7 person of a thing.

8 Q Do you believe that the difference
9 in title would have a negative impact on
10 Dr. Kaye's degree -- I mean, professional
11 opportunities?

12 A So I don't agree that director is
13 a lesser title. Are you -- is your
14 question, if director was a lesser title
15 would that be a problem or?

16 Q Would it negatively impact, the
17 change from medical director to director,
18 would it negatively impact her job
19 opportunities?

20 A Not that I'm aware of.

21 MS. CANFIELD: Objection.

22 Q For the record, Dr. Ford said not
23 that I'm aware of. Is that clear? Is that
24 right?

25 A Yes.

1 E. FORD, M.D.

2 Q Now, on August 6, 2018, she
3 complains of a shift change.

4 Do you see that?

5 A I do see that, yes.

6 Q Now, she says, "When I returned
7 from scheduled annual leave I was informed
8 by Dr. Jain that he and Mr. Wangel had
9 discussed that I would no longer be allowed
10 to take my long established, formerly agreed
11 upon 30-minute unpaid lunch break. And
12 instead I would be required to take an hour
13 unpaid lunch break. Thereby increasing the
14 length of my work shift from eight and a
15 half hours a day to nine hours a day."

16 You see that, right?

17 A I see that.

18 Q "In addition, Dr. Jain and
19 Mr. Wangel have also changed the start time
20 of my shift from 9:00 a.m. to 8:00 a.m.
21 without explanation or justification."

22 Do you see that?

23 A I see that.

24 Q Now, did you play any part in
25 either change that Dr. Kaye just described?

1 E. FORD, M.D.

2 A No.

3 Q Now, again, is there any practical
4 business reason for having this change?

5 MS. CANFIELD: Objection. You
6 can answer.

7 A I don't know the reasoning behind
8 it, that was going on between CHS, when it
9 was made, is there a business reason.

10 Q Well, your subordinate is
11 enforcing something, right? Dr. Jain was
12 your subordinate, wasn't he?

13 A Again, this was when I was on
14 leave. So I was not involved at all in
15 these conversations.

16 Q But you came back and Dr. Kaye was
17 probably still complaining; am I right?

18 A You are correct. In fact, we've
19 talked about that already. That she spoke
20 with me when I came back and I started to
21 advocate for her about this.

22 Q Right. Now, at any point did you
23 do anything about any of the allegations
24 that were in the EEOC charge?

25 MS. CANFIELD: Objection as to

1 E. FORD, M.D.

2 form. You can answer.

3 A Sure. I don't recall seeing that,
4 the thing that you just pulled up, before
5 today, so.

6 Q Were you ever given instructions
7 not to destroy your emails or any other
8 documents from CHS or any other legal
9 department?

10 A Yes. That sounds familiar. I
11 think I was. I'm not -- I don't know at
12 what point, but that sounds familiar.

13 Q You're not sure at what point.
14 Did you receive an email?

15 A I don't know.

16 Q You don't know if you got a call
17 or an email?

18 A Yeah. I don't remember.

19 Q Now, did you know that Dr. Kaye
20 filed a number of complaints about
21 malfeasance against CHS and HHC?

22 A I was aware of the complaint that
23 we're talking about today, the one from end
24 of May of 2019 and I was --

25 Q In the lawsuit?

1 E. FORD, M.D.

2 A Sorry. The lawsuit that we're
3 talking about. And I was aware of --
4 although not the details that you just
5 described me, but of the EEO complaint. But
6 then you said about malfeasance against CHS
7 and Health and Hospitals?

8 Q Right.

9 A Yeah. I don't think I was aware
10 of others and those.

11 Q I'm going to pull up Exhibit 16.
12 That bears the Bate Stamp series -- well, it
13 doesn't bear the Bate Stamp series, but I
14 will give it to counsel.

15 MS. CANFIELD: You've got to
16 Bates stamp it please beforehand.

17 MS. HAGAN: At some point I
18 will.

19 (Whereupon, Letter from Dr. Kaye
20 to Board of Correction and
21 Inspection General was marked as
22 Plaintiff's Exhibit 16 for
23 identification as of this date.)

24 Q It's dated January 7th. And it's
25 Dr. Kaye's complaint to the Board of

1 E. FORD, M.D.

2 Correction and Inspector General.

3 Do you see that?

4 MS. CANFIELD: What date? On
5 January 7th. What year?

6 MS. HAGAN: January 7, 2020.

7 MS. CANFIELD: If you could
8 show it on the screen. That'd be
9 helpful.

10 We've never seen it.

11 MS. HAGAN: Yes. You have.

12 Q It's from Dr. Kaye. And it says,
13 "Dear Board of Correction and Inspector
14 General."

15 At any point -- before I get into
16 this, at any point, was your office or were
17 you ever contacted by the Department of
18 Investigation regarding any complaints by
19 Dr. Kaye?

20 A I was contacted by the Department
21 of Investigation, I think a couple of times
22 during my time at CHS. They did not tell me
23 that they said they couldn't tell me what it
24 was about. One of or -- yeah.

25 Q One of them were hers, right?

1 E. FORD, M.D.

2 A I don't know if one of them were
3 hers. And also, I was told not to talk
4 about any of those interviews. That they
5 were confidential.

6 Q Who told you that?

7 A Every time DOI has talked to me,
8 they've always said keep this confidential.
9 So I don't know if this includes in a
10 deposition or not.

11 Q Were you contacted about
12 Dr. Kaye's allegations?

13 MS. CANFIELD: Objection.

14 Asked and answered. You can answer
15 again.

16 A Sure. Again, I was contacted by
17 DOI on I think more than one occasion about,
18 like they were asking questions, but they
19 did not tell me who had made a complaint or
20 what specific issue they were investigating.

21 Q Now, Dr. Kaye alleges that CHS and
22 HHC management were rigging examinations.
23 Did you ever hear of any allegations to that
24 effect?

25 A I did not. No.

1 E. FORD, M.D.

2 Q Did you hear of any allegations
3 that there was double dipping on the part
4 of, I guess the forensic evaluators?

5 MS. CANFIELD: Objection. You
6 can answer.

7 A I did not hear any allegations
8 about that. I do remember working on a
9 policy prior to -- I believe it was prior to
10 the transition, to ensure that there was no
11 double dipping. And I'm assuming you mean
12 by that, getting paid for like private work
13 while you're on city time, that kind of
14 thing.

15 Q Did Dr. Kaye ever raise those
16 questions or concerns to you during the
17 course of her employment?

18 A About double dipping?

19 Q Yes.

20 A I don't remember that.

21 Q Did Dr. Kaye also raise any
22 concerns to you about HIPPA waivers that
23 were going to be put in place?

24 A HIPPA waivers. I don't remember
25 that.

1 E. FORD, M.D.

2 Q At any point did you witness or
3 participate in pressuring Dr. Kaye or any of
4 the other evaluators to find defendants fit
5 or unfit?

6 A No.

7 Q Now, I did see that there's a dual
8 agency prohibition. Was there anything that
9 prompted you to write a dual agency policy?

10 MS. CANFIELD: Objection. You
11 can answer.

12 A So let's -- if we're talking --
13 dual agency. I don't think we called it a
14 dual agency policy, but I imagine you
15 mean -- I don't think we had anything called
16 dual agency. If I could just read this.

17 Q I'll going to pull it back up.
18 I'm looking for something that you --

19 A I'm sorry. I think, I do
20 recall -- actually, now this is coming back
21 to me.

22 So I recall prior to the clinic
23 transition, like it was very high in my list
24 of requirements that we were very clear that
25 individuals could not be both providing

1 E. FORD, M.D.

2 treatment at CHS and also doing evaluations
3 for the same person. And to keep the
4 forensic evaluation and the correctional
5 health treatment very separate.

6 And here's the policy, that I
7 think is about that.

8 (Whereupon, Managing Dual Roles
9 Policy (NYC_1188-1190) was
10 marked as Plaintiff's Exhibit 17
11 for identification as of this
12 date.)

13 Q That you wrote, right?

14 A Yeah. Well, I mean, I worked on
15 it with Dr. Jain, with feedback from others,
16 but, yes.

17 Q At any point prior to this policy
18 being written did Dr. Kaye raises about dual
19 agency with you?

20 MS. CANFIELD: Objection.

21 Can I ask if this has been --
22 did you produce this or did you --
23 it has no Bate Stamp numbers on it.

24 MS. HAGAN: You produced it.

25 MS. CANFIELD: But there's no

1 E. FORD, M.D.

2 Bate Stamp.

3 MS. HAGAN: Cause it's not
4 here. You produced it. So again --

5 MS. CANFIELD: I just want to
6 make sure that's the purpose of Bate
7 Stamping, so we're referring to the
8 same document. So if you could pull
9 up the one we produced --

10 MS. HAGAN: I'm not pulling up
11 that one. No, I did not. Clearly I
12 did not.

13 Q Now, Dr. Ford --

14 MS. CANFIELD: Okay. But, Ms.
15 Hagan --

16 MS. HAGAN: I will give you
17 the one that has the Bates Stamp
18 number, but please stop stalling.

19 MS. CANFIELD: I need to get
20 the marked exhibits during the
21 deposition.

22 MS. HAGAN: At some point.

23 MS. CANFIELD: It's just
24 difficult to verify the document as
25 an attorney.

1 E. FORD, M.D.

2 MS. HAGAN: You're buying a
3 lot of time.

4 Q Now, again, Dr. Ford, are you
5 familiar with this document that you
6 participated in writing?

7 MS. CANFIELD: Objection.

8 A It looks familiar. I'd have to
9 look at the details, but that definitely
10 looks familiar.

11 Q And my question was, did this
12 document come into existence after Dr. Kaye
13 raised these issues with you or before?

14 A The idea of dual roles and the
15 need to have a policy about that was
16 something that I had been discussing, I
17 mean, even prior to -- around the time that
18 CHS -- that I was notified that CHS might be
19 taking over the clinics. So that was, I
20 don't know when, like early 2018 or
21 something.

22 So I had been talking about it and
23 working on draft language around that for a
24 long time.

25 Q And who were you circulating this

1 E. FORD, M.D.

2 draft language to?

3 A At the -- who was I circulating it
4 to. Well, at the time when I was drafting
5 it, I wasn't circulating it to anybody. I
6 was trying to collect information. And then
7 when there was a draft, like an actual draft
8 to be circulated for feedback, that was,
9 probably must have been some months later,
10 circulated it to -- well, Dr. Jain was
11 there, involved in it. Circulated it to
12 Dr. Barbara. I think Dr. Garcia,
13 Dr. Subetti, Dr. MacDonald.

14 And then eventually the draft got
15 circulated to all -- I believe it got
16 circulated to all the directors of the
17 clinic for their feedback as well.

18 Q Now, did you also write a private
19 practice policy?

20 A There was one written, yes. I
21 can't remember if I wrote it or if Dr. Jain
22 wrote it, but we came up with one of those,
23 which also had its initial ideas in very
24 early 2018.

25 Q So it's your testimony that the

1 E. FORD, M.D.

2 policy came out before Dr. Kaye could have
3 possibly complained; is that right?

4 MS. CANFIELD: Objection. Go
5 ahead.

6 A Well, the official policy -- I
7 don't recall the dates when the official
8 policy came out. What I'm saying is that we
9 were working on these policies, which was
10 fairly complicated, over many months, and
11 that that process started long before
12 July 1st, 2018.

13 Q But my question is, did it become
14 before Dr. Kaye complained about, you know,
15 malfeasance?

16 MS. CANFIELD: Objection. I
17 don't think we have a date for when
18 she complained. It's difficult for
19 her to answer the question.

20 MS. HAGAN: She doesn't need a
21 date. I'm asking based on her
22 recollections if she remembers.

23 A I don't remember at all hearing a
24 complaint from Dr. Kaye about dual agency or
25 private practice prior to my already

1 E. FORD, M.D.

2 starting policy work in those areas.

3 Q But you're not sure when you
4 started; am I right?

5 MS. CANFIELD: Objection. You
6 can answer.

7 A Yeah. I'm sure that I started
8 thinking about it and recognizing we needed
9 a policy at the time that CHS, the decision
10 was made to move it over to -- to move the
11 clinics over. When that time was, I don't
12 know.

13 Q Was the policy in wake of the
14 agency to encourage or to attract more
15 talent to the clinics?

16 A Which policy was that?

17 Q The private policy.

18 A No. Actually, in fact, I was
19 concerned that it would be a deterrent.
20 Because the -- my recollection of the
21 various clinics, not in the Bronx, I would
22 say, is that there may be some looser rules
23 around private practice work. And I wanted
24 to be very clear about avoiding any
25 conflicts and making sure that the exams

1 E. FORD, M.D.

2 were objective.

3 So I was actually concerned it
4 might diminish recruitments, but it seemed
5 ethically important, regardless.

6 Q Now, I'm going to show the private
7 practice policy as was penned by
8 Dr. MacDonald.

9 Now, you said you participated
10 in -- well, at least he signed off. You
11 said you participated in the drafting of
12 this as well, right?

13 A Yes. In the -- these clinic
14 policies. I don't know if I wrote the whole
15 thing or Dr. Jain wrote a draft and I edited
16 it. And then Dr. MacDonald, as the chief
17 medical officer, had to sign on these
18 policies.

19 Q At any point did it ever come to
20 your attention that specific evaluators had
21 been given incentive to find a certain way
22 in the administration of their exams?

23 MS. CANFIELD: Objection.

24 A No. That did not come to my
25 attention.

1 E. FORD, M.D.

2 Q Exhibit 18, for purposes of the
3 record, would be the private practice policy
4 as penned by Dr. MacDonald. It bears the
5 Bate Stamp series 3864 through 3866, NYC3864
6 through 3866, and it's signed by
7 Dr. MacDonald on June 17, 2018.

8 You see that, right?

9 A I do.

10 (Whereupon, Private Practice
11 Policy (NYC_3864-3866) was
12 marked as Plaintiff's Exhibit 18
13 for identification as of this
14 date.)

15 Q So Dr. Kaye alleges that she made
16 complaints about these various things and
17 that basically she experienced further
18 retaliation by CHS staff and management.

19 Now, you don't recall Dr. Kaye --

20 MS. CANFIELD: We can't hear
21 you. You're talking really low.

22 Q I said you don't recall Dr. Kaye
23 making these various complaints, do you?

24 MS. CANFIELD: Objection.

25 A Which complaints are you referring

1 E. FORD, M.D.

2 to?

3 Q Complaints about the private
4 practice policy, the complaints about
5 ordering the psychological reports.

6 Do you recall complaints about
7 that?

8 MS. CANFIELD: Objection. Are
9 these in the complaint?

10 Q I just said before, do you recall
11 any complaints that Dr. Kaye made about the
12 recording -- not the recording.

13 Do you recall any complaints that
14 Dr. Kaye made about ordering psychological
15 tests, having to go through Dr. Jain?

16 A I remember that there was -- I
17 think with all of the policies there was
18 feedback, important substance feedback for
19 most of the directors, including Dr. Kaye.

20 I think that there was a
21 concern -- I think it was Dr. Kaye who was
22 concern -- who did voice a -- Dr. Jain sent
23 the policy around for feedback, and I think
24 she had feedback that -- had something to do
25 with supervision of psychological testing.

1 E. FORD, M.D.

2 If the -- yeah. Details escape me, but if
3 you have the policy, I could maybe look at
4 it.

5 Q I'm not going to do that just yet.

6 Now, at any given point, were
7 there any meetings, all staff meetings with
8 Ms. Yang and CHS staff, do you recall any of
9 those?

10 A Were there any all staff meetings.
11 I think there were. Yes. I don't know if
12 they were all staff, like all CHS treatment
13 staff or all CHS, including the court
14 clinics. I do think -- so I can't recall
15 that.

16 I don't know if there was a
17 meeting with like all treatment and court
18 clinics together with Ms. Yang. I don't
19 remember.

20 Q I'm going to ask you some
21 questions about the FMLA aspects of
22 Dr. Kaye's complaint.

23 At any point did Dr. Kaye tell you
24 she needed to take FMLA to take care of her
25 son?

1 E. FORD, M.D.

2 A I'm sorry. Just one moment.

3 (Brief pause)

4 Okay. I'm so sorry. I think your
5 question is about FMLA; is that right? And
6 did Dr. Kaye ever talk to me about FMLA?

7 Q Yes.

8 A I think that she did, yeah. I
9 think it, probably more than once, I think.
10 I believe she did mention that she needed to
11 take FMLA.

12 Q Do you recall her FMLA request
13 being denied?

14 MS. CANFIELD: Objection as to
15 form. You can answer.

16 A Yeah. I don't know the outcome of
17 the FMLA request. I was blind to those.

18 Q Here you have Dr. Kaye making
19 various complaints, and you didn't bother to
20 keep track as to any of the outcomes of any
21 of those complaints?

22 MS. CANFIELD: Objection as to
23 form. You can answer.

24 A So Dr. Jain was Dr. Kaye's
25 supervisor. And so if there was an issue

1 E. FORD, M.D.

2 that rose above him that was concerning, I
3 would look into it.

4 Q Now, at any point -- well, the
5 issue had risen above him. At some point
6 Dr. Kaye complained to Dr. Yang and
7 Dr. MacDonald and yourself about FMLA and
8 her reasonable accommodation request.

9 Do you remember those things?

10 MS. CANFIELD: Objection as to
11 form. You can answer.

12 A I actually don't remember a
13 specific -- I remember that there was
14 concern about reasonable accommodation
15 relate -- I think it was related to the
16 healthcare for her son. And I don't
17 remember the -- there was a -- about FMLA.
18 I don't remember hearing that there was an
19 issue about that.

20 Q You're not aware of the FMLA
21 complaint that -- the FMLA, I guess,
22 application that Dr. Kaye filed?

23 MS. CANFIELD: Objection.

24 Asked and answered. You can answer
25 again.

1 E. FORD, M.D.

2 A Yeah. I think I was aware that
3 she had requested FMLA. I don't recall
4 hearing anything further that it had been
5 denied or that there was a problem about --

6 Q And you don't recall it being --
7 defense having extended an FMLA request?

8 MS. CANFIELD: Objection.

9 A I'm sorry, who --

10 Q Well, you and CHS management.

11 MS. CANFIELD: Objection. Go
12 ahead.

13 A I did not ever -- I did not field
14 FMLA requests. I mean, I wasn't a recipient
15 of those requests, but I never denied -- I
16 never denied any FMLA.

17 Q Now, how would you describe your
18 relationship with Dr. Yang and Dr. Kaye?

19 MS. CANFIELD: Objection. Go
20 ahead.

21 A How would I describe the
22 relationship with Dr. Jain and Dr. Kaye; is
23 that what you asked?

24 Q Yes.

25 A I would say that it was cordial.

1 E. FORD, M.D.

2 And I think that there was a little bit
3 of -- I think initially it was -- how would
4 I describe it. That's a good question.

5 I think that it was -- there were
6 times when it was a little prickly. I think
7 they have -- they were getting used to each
8 other. I don't know. But I -- I don't
9 recall that it was like super smooth. I
10 recall having many conversations with Dr.
11 Jain about being new to CHS and new to New
12 York, and just sort of getting used to the
13 lay of the court land here in New York City.

14 Q Would you say that Dr. Kaye is
15 difficult to work with?

16 A I haven't worked directly -- I
17 don't believe I've ever worked directly with
18 Dr. Kaye as a colleague.

19 Q But you were privy to some
20 complaints she's made, and you said that you
21 had no complaints about the quality of her
22 work. My question, yes or no, is would you
23 say that she was difficult to work with,
24 based on your own knowledge?

25 A Based on my interactions with her,

1 E. FORD, M.D.

2 she was professional with me and she did --
3 her work in the clinics was, the reports
4 were very good.

5 Q At any point did you opt to have
6 Dr. Winkler attend a work force meeting or
7 task force meeting with you rather than
8 Dr. Kaye?

9 A No. I believe that's a reference
10 to a request I made to Dr. Collin for --
11 because this work group met before the court
12 clinics came over to CHS, and he was in
13 charge of those two clinics. I asked for
14 his -- if I wanted a representative -- he
15 was requesting a representative from the
16 Bronx clinic and the Manhattan clinic to
17 join the work group.

18 Q But what happened, Dr. Kaye
19 alleges that you decided to go for her
20 subordinate rather than her, her male
21 subordinate. Do you recall any allegations
22 to that affect?

23 A I recall that allegation. That
24 is, in fact, incorrect. I asked Dr. Collin,
25 who was Dr. Kaye's supervisor at the time,

1 E. FORD, M.D.

2 and he referred Dr. Winkler to the meeting.

3 Q Instead of Dr. Kaye, even though
4 she had more experience than Dr. Winkler?

5 A I can't tell you about the thought
6 process behind Dr. Colli's decision.

7 Q So you're saying it was Dr.
8 Colli's decision, not yours, for Dr. Winkler
9 to attend?

10 A Yes. That's correct. I was not
11 Dr. Winkler or Dr. Kaye's supervisor at the
12 time.

13 Q So now I'm going to draw your
14 attention to I guess Exhibit Number 19. It
15 bears the Bate Stamp series NYC1059 through
16 1061. I'm going to share the screen now.

17 (Whereupon, Email
18 (NYC_1059-1061) was marked as
19 Plaintiff's Exhibit 19 for
20 identification as of this date.)

21 Q I'm going to give you some
22 context. It starts with December 28, 2018,
23 apparently it's through Dr. Jain's.

24 Now, earlier we discussed that
25 Dr. Kaye made the allegation that Dr. Jain

1 E. FORD, M.D.

2 destroyed his notes after he, I guess,
3 involved doing his interviews, right?

4 A Yes. I remember that allegation.

5 Q So here Dr. Jain is saying -- this
6 is you first -- I guess -- let's go back
7 over to the bottom of this exhibit. It
8 says:

9 "Hi, Elizabeth. Letting you know
10 that I am in the Bronx court clinic. I was
11 told that Dr. Kaye has taken my handwritten
12 notes out of the charts and has them in her
13 possession."

14 What charts is he referring to?

15 A I believe he's referring to the
16 defendant files in the Bronx Court Clinic.

17 Q "They are no longer in the chart
18 and we cannot find them. We can discuss it
19 more tomorrow."

20 You see that, right?

21 A I do see that, yes.

22 Q And then you write back to him,
23 who else is it, thanks Beesh.

24 Is that what you call Dr. Jain,
25 Beesh?

1 E. FORD, M.D.

2 A Yes. That's what he goes by.

3 Q Who else is aware of this? Right?

4 And then he says, in person are over the
5 phone. I'm free now, but okay, also for
6 when we meet tomorrow, Beesh.

7 You see this, right?

8 A I see that.

9 Q Now, are you guys texting or
10 actually is this an email exchange?

11 A These are emails. They're coming
12 from the email accounts.

13 Q Now, he responds to you, we looked
14 again and cannot locate them. According to
15 Lucrecia, some of the charts were originally
16 pulled on November 8, 2018 and there were
17 subsequent charts as well.

18 You see this, right?

19 A Yes.

20 Q Now, does this seem like a good
21 relationship if someone is accusing the
22 other of stealing their handwritten notes?

23 MS. CANFIELD: Objection. You
24 can answer.

25 A I'm sorry, where --

1 E. FORD, M.D.

2 Q He accuses Dr. Kaye of stealing
3 his notes.

4 A I don't see where it says that
5 they've been stolen.

6 Q I'm told that Dr. Kaye has taken
7 my handwritten notes out of the charts and
8 has them in her possession. They are no
9 longer in the chart, and we cannot find
10 them.

11 What does that sound like?

12 A It sounds like he is concerned
13 that Dr. Kaye has taken the note. They
14 may be in her office. She's the director of
15 the clinic. I don't read that to mean she's
16 stolen them.

17 Q So let's go further. And then you
18 write back, "Thank you. Spoke with JW."

19 Is that Jonathan Wangel?

20 A Yes.

21 Q "As many specifics as you can get
22 would be helpful. How many charts, when
23 your notes were put in there, and how you
24 know that. Is there any legitimate reason
25 why the notes should be missing when the

1 E. FORD, M.D.

2 request to pull them came through," et
3 cetera, right? This is what you respond to,
4 right?

5 A Yup.

6 Q And then he writes, "My notes were
7 at least ten cases, which I gave to Lucrecia
8 to file, are not in their respective charts.
9 These are my personal notes that I take
10 during interviews and, and they serve as an
11 aid to help me write my reports."

12 Now, do you remember when Dr. Kaye
13 actually made the allegation that he did --
14 that he basically kept his notes?

15 MS. CANFIELD: Objection to
16 form. You can answer.

17 A I feel -- I remember an allegation
18 that he destroyed them.

19 Q Right.

20 A Yeah. Okay.

21 Q Do you remember when that
22 happened?

23 A No. I don't.

24 Q Was this before or after the
25 allegation -- after this email?

1 E. FORD, M.D.

2 A I think -- I don't know. I don't
3 know. I'm sorry.

4 Q Was it November 30, 2018,
5 specifically?

6 MS. CANFIELD: If you have
7 something to refresh her
8 recollection, that would be great.

9 MS. HAGAN: No. She doesn't
10 have to have something to refresh
11 her recollection.

12 MS. CANFIELD: She just said
13 she doesn't know.

14 MS. HAGAN: She was thinking.
15 Stop coaching the witness.

16 MS. CANFIELD: I'm not
17 coaching.

18 A I remember meeting with Dr. Kaye
19 on November 30th. I can't remember if
20 handwritten notes came up in that meeting or
21 not.

22 Q "Now, Lucrecia emailed me for my
23 notes on those defendants on November 8th.
24 I provided them on November 13th. A
25 handwritten post-it note on the charts

1 E. FORD, M.D.

2 indicate, and Lucrecia also confirms that my
3 notes were received on these cases."

4 Now, did he show you or send any
5 emails to this effect?

6 A To the -- I'm sorry. To the
7 effect of the post-it notes or what?

8 Q Yes. Did he email Lucrecia about
9 the notes or that provided them on November
10 13th. Did you see any emails?

11 A He told me about that in one of
12 them. I believe he told me about it.

13 Q But did you see them yourself?

14 A I don't remember. I don't
15 remember.

16 Q Now, at the end he says, there's
17 no legitimate reason for these notes to be
18 missing or taken by Dr. Kaye without my
19 knowledge. This is unusual and concerning."

20 Do you see that?

21 A Yes. I see that.

22 Q Now, on the one hand, you have
23 Dr. Kaye alleging that Dr. Jain had
24 destroyed his notes.

25 You do recall that, right?

1 E. FORD, M.D.

2 A I recall that she alleged that at
3 some point, yeah.

4 Q Right. And now you have Dr. Jain,
5 I'm not specifying what happened, I'm just
6 saying, you also have now this email by Dr.
7 Jain saying that Dr. Kaye took his notes,
8 right?

9 A Yes. The email is saying that.

10 Q Now, if Dr. Jain had destroyed his
11 notes, wouldn't that be a serious charge?

12 A So I would be concerned about
13 that. I don't know if it's a serious charge
14 or not. I do remember that Dr. Jain and I
15 had conversations about handwritten notes in
16 general, I can't -- and policies, I can't
17 remember exactly the time line, because he
18 had come from a state where, I think
19 handwritten note and the practice was
20 different than in New York State. Something
21 like that.

22 If he had -- if the handwritten
23 notes were part of the record and they had
24 been destroyed, I would be very concerned.

25 Q Did you ever look into whether or

1 E. FORD, M.D.

2 not his handwritten notes had been
3 destroyed, Dr. Ford?

4 A I did. Yes.

5 Q Okay. What happened?

6 A The -- it was -- I can't remember
7 if it was -- how it came to be, but the
8 notes were found, I believe back in the
9 charts.

10 Q Did you ever look into finding
11 whether or not Dr. Jain actually destroyed
12 his records?

13 MS. CANFIELD: Objection.

14 Asked and answered. You can answer
15 again.

16 A So my recollection is that the
17 notes were found and they were back in the
18 charts.

19 Q That's not what I asked you.

20 Did you ever find out whether or
21 not at any point that Dr. Jain destroyed any
22 of his notes?

23 MS. CANFIELD: Objection.

24 Asked and answered.

25 A Sure. I did not find out at any

1 E. FORD, M.D.

2 point that Dr. Jain had ever destroyed any
3 notes.

4 Q Was there an investigation to
5 determine whether or not Dr. Jain had ever
6 destroyed any notes?

7 MS. CANFIELD: Objection.

8 Asked and answered.

9 A So there was a -- I don't know an
10 investigation outside of what I did, but I
11 looked into it, and I think I -- I can't
12 remember who I spoke with. I think some
13 administrative staff. And then the notes
14 were there.

15 Q Did you report it to corporate
16 compliance?

17 A I don't think I did. I was -- my
18 first -- what I first did was try to figure
19 out if there was -- if the notes had been
20 destroyed, and they were discovered. So in
21 my mind, they couldn't have been destroyed.

22 Q How long did it take you to
23 determine that the notes had not been
24 destroyed?

25 A That's a good question. I don't

1 E. FORD, M.D.

2 know. I recall that when Dr. Jain told
3 me -- he told me about this in supervision,
4 he said, I have the notes, they're -- I
5 don't know. He said, the notes are back --
6 I don't know. I don't know. Sorry.

7 Q Are you certain -- I mean, based
8 on your investigation -- let me strike that.
9 Based on your investigation, could you
10 determine whether or not the notes were
11 recreated or they had actually always been
12 in existence?

13 A Are you asking could I determine
14 whether the notes reappeared or were copies?

15 Q Yes. Or had been recreated versus
16 the originals.

17 A I did not determine that.

18 Q So you're not sure if Dr. Kaye's
19 allegation that Dr. Jain had destroyed his
20 handwritten notes are true; am I right?

21 MS. CANFIELD: Objection. You
22 can answer.

23 A I guess I have -- I have one
24 doctor's word against the other. So I guess
25 I'm not sure.

1 E. FORD, M.D.

2 Q Then you also have Dr. Jain now
3 that the notes allegedly appear in these
4 files; am I right?

5 A I think that's how it went. I
6 can't recall exactly, but I remember the --
7 what I do remember is that it got resolved.

8 Q Are there cameras in the clinic,
9 Dr. Ford?

10 A I should know that. In the Bronx
11 court clinic, are there cameras. The truth
12 is, that right at this moment, I don't
13 remember. I don't know.

14 Q Did Dr. Jain ever tell
15 Dr. Winkler, to your knowledge, that he was
16 throwing out the notes?

17 A Sorry. Did Dr. Jain tell
18 Dr. Winkler?

19 Q Yes. To your knowledge.

20 A Not to my knowledge, no. Not to
21 my knowledge.

22 Q Now, at any point did you hear
23 Dr. Kaye or learn of Dr. Kaye raising
24 concerns about the --

25 MS. CANFIELD: Could you

1 E. FORD, M.D.

2 repeat that. I didn't hear that.

3 Q By any chance, did you learn from
4 Dr. Kaye about -- did you hear any
5 complaints about Dr. Kaye -- from Dr. Kaye
6 about HIPPA violations?

7 A I don't know.

8 Q At any point did you hear Dr. Yang
9 or Ms. Yang tell anyone there that -- they
10 don't like how things are being done here?

11 A I didn't hear the first part. Did
12 Dr. Yang say?

13 Q Did you ever hear Dr. Yang tell
14 anyone, "We got the money, and if you don't
15 like how we're doing things here, there's
16 the door"? Did you ever hear him make that
17 kind of statement?

18 A No.

19 Q Did you ever hear Dr. Kaye raise
20 issues about HIPPA waivers at the all staff
21 meeting with Dr. Yang?

22 A No.

23 Q Now, let's see. At any point, did
24 Dr. Kaye complain about an off-site
25 evaluation?

1 E. FORD, M.D.

2 A I don't know if she complained
3 about a specific off-site evaluation. I
4 know that -- what I do know is that pretty
5 much every director had concerns about
6 off-site evaluations.

7 Q And what concerns were those?

8 A Particularly at the beginning of
9 the transition and the discussions around
10 the transition. The issue that came to my
11 attention most frequently was concern that
12 the evaluations would be conducted at Rikers
13 Island.

14 Q Now, at any point was there any
15 issues with having to go to hospitals,
16 Jacobi, for example, to conduct an exam?

17 A There were -- there was -- I do
18 recall times, I can't remember the specific
19 cases or, frankly, even clinics, but where
20 individuals were considered -- and I think
21 this was typically by the hospital, and I
22 remember it most at Bellevue. But too sick
23 to travel from the hospital to the clinic
24 for their evaluation. And so the hospitals
25 would periodically request that those

1 E. FORD, M.D.

2 evaluations be done in the hospital.

3 Q Now, at any point did you and/or
4 Dr. Jain meet with judges in the Bronx and,
5 I guess, represent a specific turnaround
6 time for the production of 730 to courts?

7 A I recall only one meeting I ever
8 had with judges with respect to the court
9 clinics. And I believe that was in
10 Manhattan. Was it Manhattan? I'm sorry. I
11 can't remember the bureau. Where we talked
12 and in that meeting -- I can't remember the
13 judge, but we -- one topic of the meeting
14 was turnaround time. And we talked about --
15 we didn't set like numbers, but we talked
16 about CHS's interest in being as efficient
17 as possible with the examinations.

18 Q At any point do you agree that
19 examinations in the Bronx should be produced
20 within three weeks of the order?

21 A Did I agree that, sorry, that
22 exams in the Bronx should be produced within
23 three weeks of the order; is that the
24 question?

25 Q Right.

1 E. FORD, M.D.

2 A I mean, I don't recall that
3 specifically, but it does seem reasonable,
4 prior to the next court date, which is
5 usually a month from the time of the order.

6 Q How did you come to the conclusion
7 that three weeks is a reasonable turnaround
8 time?

9 A Well, your question was be
10 produced to the clinic. So what I'm basing
11 that -- what I'm saying is that, in my
12 experience and from what I've learned from
13 others, the court calendars are usually
14 marked for a month after. So a 730 is
15 ordered, and then the next hearing is
16 typically a month later.

17 And then in order the
18 individual -- so an individual can be
19 evaluated on a day, but it takes some time
20 to write the report, and to collect the
21 records, if they are needed, and all that
22 other stuff.

23 So to -- I think it's good
24 practice to try to have the examination as
25 close to the next hearing date as possible.

1 E. FORD, M.D.

2 However, with enough time for the evaluation
3 to be written and the records reviewed
4 comprehensively.

5 Q And to obtain the records, right?

6 A Yeah.

7 Q Is it true that CHS and HHC don't
8 have necessarily control or possession of
9 the records in all the instances where exams
10 are ordered?

11 A I don't know. I'm not -- so exams
12 are ordered for people who are out, who are
13 not in custody, so Correctional Health would
14 not have records for those individuals.

15 Q So did the three-week estimation
16 take into account that medical records might
17 need to be ordered in order for the
18 evaluators to complete their exams?

19 A So I just -- before I answer that,
20 is the three weeks, was that part of a
21 policy?

22 Q Well, I'm going to refresh your
23 recollection.

24 A Okay. Great. Thank you.

25 Q Exhibit 20 is marked Bates Stamp

1 E. FORD, M.D.

2 series 2680 through 2681. And I'm going to
3 share the screen. Now, I'm going to scroll
4 down.

5 (Whereupon, Email
6 (NYC_2680-2681) was marked as
7 Plaintiff's Exhibit 20 for
8 identification as of this date.)

9 On April 3, 2019, Dr. Jain says,
10 "Hi, Elizabeth. If you have a minute
11 sometime today for a quick phone call, would
12 like your advice and to keep you in the loop
13 on how to best approach Dr. Kaye tomorrow,
14 which she returns from being off."

15 Now, is that odd that he's asking
16 you for advice on how to approach Dr. Kaye
17 if they have a collegial work relationship?

18 MS. CANFIELD: Objection.

19 A I mean, I think Dr. Kaye and -- I
20 think Dr. Jain is still finding his way in
21 his leadership role. It was not unusual,
22 Dr. Jain would also ask me about messaging
23 to other clinic directors as well.

24 Q Like who?

25 A Every one of them.

1 E. FORD, M.D.

2 Q Can you refer another instance
3 where he may have asked for the same type of
4 guidance for any of the other clinical
5 medical directors?

6 A Well, let's see. Specific to
7 turning around reports in three weeks or
8 just anything?

9 Q Just in general.

10 A Let's see. Let me think. There
11 was a time when there was a question about
12 how to talk with Dr. Mundy about one of his
13 staff. There was a time about how to
14 approach Dr. Owen regarding -- I can't
15 remember what it was regarding. But I know
16 we had a conversation about how to talk with
17 Dr. Owen.

18 Q So are you saying to some degree
19 that Dr. Jain had communication issues, and
20 this is why he would approach you about
21 communicating with his staff?

22 MS. CANFIELD: Objection. You
23 can answer.

24 A What I'm saying is that these --
25 the issues were really complicated, and

1 E. FORD, M.D.

2 Dr. Jain was, again, less than a year at
3 this -- certainly around this time he was
4 about a year in, getting used to -- and only
5 less than a year, I guess, with the
6 Manhattan and the Bronx supervision.

7 Q Now, he goes on to say he met with
8 the criminal court judges yesterday and they
9 requested turning around reports in three
10 weeks from the time they order 730. So they
11 want the report in three weeks; is that
12 clear?

13 A I didn't recall that, but that's
14 what it says here.

15 Q " it seemed doable, based on the
16 schedule and volume, but I'm not sure how
17 Dr. Kaye will receive it."

18 You see that, right?

19 A I see that.

20 Q Now, in the event that this is
21 true, do you think, in your opinion, of
22 doing the 730 exams, that may sometimes
23 require medical records be ordered, that
24 three weeks to obtain the records and to
25 write a comprehensive exam -- I mean,

1 E. FORD, M.D.

2 evaluation, is doable?

3 MS. CANFIELD: Objection. You
4 said this is requested by the
5 courts, but go ahead.

6 Q I'm asking you, Dr. Ford. Do you
7 think?

8 A So there are a number of factors,
9 but I do think it's doable if the individual
10 is produced for the evaluation. If the
11 records are ordered, and we had a -- I do
12 remember, on my other hat at CHS, the
13 treatment side, we were working very hard to
14 try to have records turned around within a
15 couple of days of the request. And the
16 writing of the report could take, and the
17 review of the records, let's say they are
18 four hours, so I do think that it's doable
19 if those factors are in place.

20 Q You're assuming that in your
21 testimony that, one, the facility will
22 produce the records in a timely fashion,
23 that's one assumption you're making; am I
24 right?

25 A So what I'm telling you is that

1 E. FORD, M.D.

2 your question was about, is it doable in
3 three weeks, and I was telling you the
4 circumstances that would make it doable.

5 Q Is a three-week turnaround a
6 practical turnaround to represent to the
7 Court?

8 MS. CANFIELD: Objection.

9 Asked and answered.

10 I know we're getting close for
11 past ten til, Dr. Ford. Do we have
12 to have a hard stop at six?

13 THE WITNESS: I do. Yes.

14 MS. HAGAN: I'd like to finish
15 this line of questioning and then
16 we'll have to figure out how much
17 time we have left if I need to
18 reopen to have Dr. Ford back then.

19 MS. CANFIELD: She has a hard
20 stop at six. So you're not going --
21 not going to be able to finish your
22 questioning. Maybe we should break
23 now and we should schedule --

24 MS. HAGAN: I'd like to finish
25 this line of questioning and then we

1 E. FORD, M.D.

2 can reschedule. And that's fine.

3 Because I have six minutes until

4 6:00 and we can finish.

5 Q Now, we met with the criminal
6 court judges yesterday. Now I'm going back
7 to your -- my line of questioning regarding
8 the production of these records.

9 And the question is, you have --
10 Dr. Kaye or any other evaluator really
11 doesn't have any control as to how quickly
12 these various facilities produce these
13 records and release them to the various
14 evaluators; is that right?

15 MS. CANFIELD: Objection. You
16 can answer.

17 A I think that's generally correct,
18 yeah.

19 Q Right. So you can't -- no one can
20 predict how long it will take for the
21 records to be produced from the various
22 facilities to the evaluators; am I right?

23 A No. I don't think that's correct.
24 I mean, you can offer -- you can't be a
25 hundred percent accurate, but you can

1 E. FORD, M.D.

2 predict, based on how long it's taken
3 whatever facility to produce records in the
4 past, that that's probably how long it will
5 take when you ask them this time.

6 Q Now, the medical records is only
7 one source of collateral data; is that
8 right?

9 A Yes.

10 Q There may be instances, for
11 example, where a forensic evaluator might
12 listen to prison recordings; am I right?
13 Like recordings, phone recordings between an
14 inmate and people who he or she may engage;
15 is that right?

16 A I don't know the answer -- I don't
17 know if that's done routinely or not.

18 Q Well, have you --

19 A Good question.

20 Q Have you ever referenced any other
21 collateral data besides medical records to
22 make your determinations?

23 A I have used psychological testing
24 reports. I don't know if I've ever used
25 prison recordings. But I believe that

1 E. FORD, M.D.

2 whatever collateral information is produced
3 can be used for this report.

4 Q But didn't you respond to Beesh,
5 "Sorry, Beesh, just getting to this. Have
6 been sorting through the kinks for the new
7 EMR for most of the day."

8 What's EMR?

9 A Electrical Medical Records.

10 Q "What are particular concerns?
11 Seems reasonable request from judges. Don't
12 imagine that you will be telling Melissa
13 tomorrow that is a done deal. Just
14 informing her of request and asking her for
15 thoughts," right?

16 A It says that, yes.

17 Q But, now, he's represented to the
18 judges that it's doable, right?

19 MS. CANFIELD: Objection.

20 A Sure. If you could go down to the
21 email that he wrote to me.

22 He said, it seemed doable. I
23 don't know -- it doesn't say to me that he
24 told that to the judges.

25 Q So then you -- then I guess he

1 E. FORD, M.D.

2 responds, "Just got this yesterday from
3 Elizabeth. I'll try to talk to her before
4 we meet with Melissa today. She seems to
5 also suggest that it's better to inform
6 Melissa and get her thoughts instead of
7 telling her that this is a done deal."

8 You see that, right?

9 A I do. Yeah.

10 Q So clearly he had told the judges
11 that this is a done deal, that they can
12 comply. Is that clear?

13 A That's not clear to me from this.
14 No.

15 Q So what does done deal mean?

16 MS. CANFIELD: Objection. You
17 can answer.

18 A Sure. How I interpret this email
19 is that he would talk with Melissa to get
20 her response and feedback before he or
21 anybody in CHS would agree officially to
22 this kind of arrangement.

23 Q So you don't get that he's already
24 agreed to this without Dr. Kaye?

25 A I do not get that. Dr. Jain

1 E. FORD, M.D.

2 sought guidance and supervision pretty
3 regularly. Doesn't seem like something he
4 would do.

5 Q But Dr. Kaye was his supervisor,
6 and there's questions whether or not he was
7 able to effectively communicate with her,
8 especially he's seeking guidance from you as
9 to how he should approach her in the first
10 place; am I right?

11 MS. CANFIELD: Objection.

12 It's argumentative. I think it's
13 time now.

14 MS. HAGAN: It's 5:58. Let
15 that be known. I would ask the
16 reporter how much time we have left
17 on the record.

18 (A discussion was held off the record.)

19 MS. CANFIELD: I'd like to
20 request an expedited transcript,
21 please.

22 COURT REPORTER: How many
23 days?

24 MS. CANFIELD: Ms. Hagan, when
25 can you get the court reporter the

1 E. FORD, M.D.

2 exhibit?

3 MS. HAGAN: When I get to

4 them.

5 MS. CANFIELD: Three days,

6 please.

7 MS. HAGAN: When I get to

8 them.

9 MS. CANFIELD: Well, I want it

10 expedited. So, please, you need to

11 get the exhibits to the court

12 reporter.

13 (Whereupon, this examination was

14 concluded at 6:00 p.m.)

15

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20 _____
ELIZABETH FORD, M.D.

21

22

23 Subscribed and sworn to
before me on this ____ day

24 of _____, _____.

25

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E. FORD, M.D.

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Notary Public

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I N D E X

4 WITNESS: ELIZABETH FORD, M.D.

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MS. HAGAN

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C E R T I F I C A T E

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I, KIARA MILLER,

5

A Shorthand Reporter and Notary Public of the

6

State of New York, do hereby certify:

7

8

That the witness whose examination is

9

hereinbefore set forth, was duly sworn or

10

affirmed by me, and the foregoing transcript is

11

a true record of the testimony given by such

12

witness.

13

14

I further certify that I am not related to any

15

of the parties to this action by blood or

16

marriage, and that I am in no way interested in

17

the outcome of this matter.

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KIARA MILLER

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E R R A T A S H E E T

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CORRECTION

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